

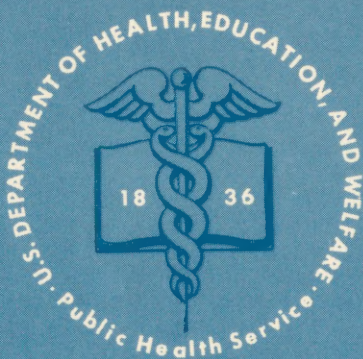
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SEXUAL WASTE

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FURNISHING EXHAUSTIVE INFORMATION ABOUT THE
TEMPTATIONS AND EFFECT OF EXCESSIVE INDUL-
GENCE OF THE SEXUAL APPETITE FROM
CHILDHOOD TO OLD AGE. INCLUD-
ING CELIBACY, MARRIAGE,
IMPOTENCE, STERILITY,
TREATMENT AND
REMEDIES.

COMPILED FROM

TWENTY-SEVEN EMINENT MEDICAL AUTHORITIES, ..

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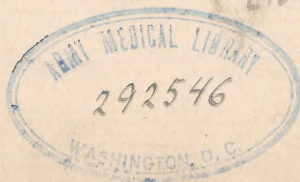
DR. WILLIAM A. HAMMOND, DR. EDWARD MARTIN,
DR. WILLIAM ACTON, M. R. C. S. (London).

BY

ANNEX

ALEXANDER H. A. MACLAURINE, *comp.*

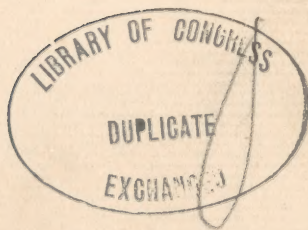
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IN PLACE OF THE PREFACE.

SOME readers have an inclination, which if indulged, in time becomes a fixed habit, of hastily glancing at the preface to find out what is in the book. The chief object of this book being to prevent pernicious habits, to be consistent, the author with the assistance of the printer's transformation act, will place what he originally intended for the preface, in some obscure portion of the volume under a disguised title, with the covert intention of compelling the reader to more thoroughly peruse the book, in order to find out what is in the preface.

It may be well, however, to state in this place, what is *not* in the book. There is nothing in it that will cater to a prurient salacious, diseased mind. Nothing that any pure good woman, that is to be some man's wife, and some son's mother, should not know.

No greater mistake can be made than to suppose that the book is designed exclusively for an unfortunate class of men.

Finally,—when the vast importance of the subject upon which it treats has been duly considered,—how it touches human life at every point and stage, even before its conception,—and then, with even pace and controlling influence follows on with it down through every step of its progress, and out into the beyond of another transmitted life; then,—when the book is closed, and the white light of intelligent reason has been turned upon it, the author hopes that within its contents nothing will have been discovered of which, either he or the reader will feel like saying, —I wish it had been left out.

AUTHOR'S ACKNOWLEDGMENTS.

IT is believed that this book is more valuable, from the fact that the information it gives is not narrowed down to any one man's experience, views, or hobby. Each sub-division of the subject, is practically a complete compendium, compiled from the works of many eminent medical authorities. The author's labor has been largely that of a compiler and editor. The new original matter, of which there is much, consists mainly of comments on, and connecting-links between the different abstracts. To harmonize the diction, in a few instances the wording has been slightly changed, but in every instance the author has been careful to not change the meaning and intent of the original.

The author now takes much pleasure in fully acknowledging his obligations to each and every writer who has furnished anything that this book contains, due credit having been given with each abstract. I am particularly indebted to Mr. GEORGE S. DAVIS, for his kind courtesy and generous permission, to quote from his copyrighted books, of which the eminent surgeons and physicians, *Dr. William A. Hammond* and *Dr. Edward Martin*, are the authors. Of the other authors quoted, I desire to specially mention with a due sense of obligation for the valuable matter furnished, the distinguished English surgeon and specialist, *Dr. William Acton*, M. R. C. S., of London, England.

I also desire to acknowledge my obligations and courteous thanks to all who honor and favor me, by purchasing the book.

ALEX. H. A. MACLAURINE.

TO THE MULTITUDE
OF
YOUNG AND OLDER MEN,
WHO WILL APPRECIATE AN HONEST
EFFORT, TO GIVE THEM HONEST
INFORMATION AND ADVICE
ABOUT THE MOST IMPOR-
TANT SUBJECT THAT
AFFECTS THEIR
LIVES.

CONTENTS.

FIRST DIVISION.

	<i>Page</i>
THE SEXUAL CONDITION AND INSTINCT OF INNOCENT CHILDHOOD	9

SECOND DIVISION.

SEXUAL TEMPTATION AWAKENED AT THE PERIOD OF PUBERTY.....	13
--	----

THIRD DIVISION.

THE PARTING OF THE ROADS—ADVICE TO THOSE WHO HAVE TAKEN THE WRONG ROAD.....	17
---	----

FOURTH DIVISION.

THE DIFFICULTY OF MAINTAINING CONTINENCE	24
--	----

FIFTH DIVISION.

ANATOMY AND DESCRIPTION OF THE MALE SEXUAL ORGANS.....	40
--	----

SIXTH DIVISION.

THE FUNCTIONAL ACTION OF THE MALE SEXUAL ORGANS.....	52
--	----

SEVENTH DIVISION.

THE SEMEN: THE MALE GERM OF LIFE: ITS COMPOSITION AND VALUE	<i>Page</i> 63
--	-------------------

EIGHTH DIVISION.

IMPOTENCE: ABSENCE OF DESIRE: INABILITY TO PERFORM THE SEXUAL ACT	95
---	----

NINTH DIVISION.

SEXUAL INTERCOURSE: AND: SEXUAL PLEASURE	144
--	-----

TENTH DIVISION.

LOSS OF THE POWER OF ERECTION	158
-------------------------------------	-----

ELEVENTH DIVISION.

MASTURBATION: AND: SEXUAL EXCESSES	183
--	-----

TWELFTH DIVISION.

THE EFFECT OF MASTURBATION AND SEXUAL INTERCOURSE COMPARED	225
---	-----

THIRTEENTH DIVISION.

EFFECT OF SEXUAL EXCESSES COMBINED WITH BUSINESS EXCESSES	232
--	-----

FOURTEENTH DIVISION.

WHAT AMOUNT OF INDULGENCE CONSTITUTES SEXUAL EXCESS	236
--	-----

FIFTEENTH DIVISION.

HOW AGE AFFECTS THE SEXUAL FUNCTIONS: THE BEGINNING OF SEXUAL DECLINE..	256
--	-----

SIXTEENTH DIVISION.	
INVOLUNTARY EMISSIONS: SPERMATORRHEA:	<i>Page</i>
PROSTATORRHEA.....	274
<hr/>	
SEVENTEENTH DIVISION.	
SEXUAL TROUBLES THAT ARE IMAGINARY,	
INSANITY, ETC.....	304
<hr/>	
EIGHTEENTH DIVISION.	
COURTSHIP—MARRIAGE—PATERNITY.....	329
<hr/>	
NINETEENTH DIVISION.	
CONCEPTION AND STERILITY — CAUSES OF	
STERILITY IN MEN AND WOMEN.	
ARTIFICIAL IMPREGNATION	349
<hr/>	
TWENTIETH DIVISION.	
DISEASES OF THE BRAIN AND NERVOUS SYSTEM,	
CAUSED BY SEXUAL VICE AND EXCESSES.	376
<hr/>	
TWENTY-FIRST DIVISION.	
HYGIENIC AND THERAPEUTICAL TREATMENT	
AND REMEDIES.....	386
<hr/>	
TWENTY-SECOND DIVISION.	
LIST OF DRUGS AND AGENTS THAT ACT UPON	
THE SEXUAL ORGANS	412
<hr/>	
TWENTY-THIRD DIVISION.	
PRESCRIPTIONS — FOR SEXUAL WEAKNESS,	
IMPOTENCE—SPERMATORRHEA, ETC...	414
GLOSSARY.....	416
GENERAL INDEX.....	419

FIRST DIVISION.

THE SEXUAL CONDITION AND INSTINCT OF INNOCENT CHILDHOOD.

IT were well if the sexual organs always remained in a quiescent state till puberty. Unfortunately this is not the case. Previously to the attainment of puberty the normal condition of a healthy child is one of entire freedom from sexual impressions. During a well-regulated childhood, and in the case of ordinary temperaments, there is no temptation to infringe the primary law of nature. Thus it happens that with most well brought-up children no sensual ideas or feelings enter their heads, even in the way of speculation. Such children's curiosity is seldom excited on sexual matters, except as the result of suggestion by persons older than themselves. But from such suggestions, and from accidental causes, as the weeds come into the garden, from whence no one can tell, there are many sad exceptions to this state of childish purity.

In many instances, either from hereditary predisposition, bad companionship, or other evil influences, sexual feelings become developed at a very early age, and this abnormal excitement is always

attended with injurious, often with the most deplorable consequences. The premature development of the sexual inclination is not merely repugnant to all we associate with the term childhood, but is also fraught with danger to dawning manhood.

Few, perhaps, except medical men, know how early in life a mere infant may experience erections. Frequently it may be noticed that a little child, on being taken out of bed in the morning, cannot make water at once. It would be well if it were recognized by parents and nurses that this often depends on a more or less complete erection.

What the cause of this early sexual predisposition in a young child may be, it is difficult to lay down with certainty in any given case. Doctor Acton, the great English surgeon, who made a special study and practice of this subject, both in London and Paris, and whom we, in common with the medical fraternity in general, take pleasure in acknowledging as the highest authority, says: "My own belief is that *hereditary* predisposition is by no means the least common. I believe that, as in body and mind, so also in the passions, the predispositions of the father are frequently inherited by the children. No man or woman can inordinately indulge their own sexual passions without at least running the risk of finding a disposition to gratify their sensual passions being at an early age inher-

ited by their offspring. No doubt vicious tendencies are frequently *acquired*."

The Exciting Causes—require our special attention. Some children at a very early age manifest an almost ungovernable disposition to touch or excite the sexual organs. This most dangerous habit is not infrequently produced by irritation in the rectum arising from worms. In other instances it arises from excessive irritability of the bladder. Wetting of the bed at night is another symptom. There is, besides, in many young persons a morbid sensibility of the external organs that is excessively troublesome and often painful. This often leads to aggravated consequences, by youthful ignorance and want of self-control. All persons having the supervision of youth should bear this in mind, that they may investigate suspicious symptoms, and remedy it at once, as prevention of this evil is far better than cure.

Another cause of irritation is an unusually long prepuce. There is abundant evidence that the influence of a long prepuce in producing sexual precocity has not been sufficiently noted. The natural secretion, called smegma, if allowed to remain between the glans penis and the prepuce, is almost certain to produce irritation; and whatever produces irritation at this point acts as a most dangerous temptation to evil habits.

Persons having the care of children cannot too constantly bear in mind that the tendency of all irritation or excitement of the sexual system, either mental or physical, is to induce even the youngest child to stimulate the awakened appetite, and attempt to gratify the immature sexual desires, which would otherwise have remained dormant for years to come. It is conceded by physicians, and others who have the opportunity to observe the physiological effect of the abuse of the sexual system, that when it is commenced and practiced to any extent before the age of puberty, the injury done is far more serious, as it is liable to produce organic lesions and deformities that are never afterwards entirely overcome or removed.

Happily, then, it is that the period previous to puberty is the most exempt from temptation, although it must be confessed that the tendency of the age is more and more both precocious and sensual. (Our next chapter we shall commence at the age of puberty, which in the ordinary course of nature is the commencement of the danger of involuntary temptation and lapses from the moderation of chastity, which is more universal, and more productive of misery and sorrow in the world than any other evil.

SECOND DIVISION.

SEXUAL TEMPTATION AWAKENED AT THE PERIOD OF PUBERTY.

THERE comes a period of time to every youth, both male and female, ordinarily occurring between the ages of twelve and fifteen, when, as it were, their whole nature and being undergoes an evolution or change. This period is called the age of—Puberty. “At this epoch,” says Dr. Carpenter, “a considerable change takes place in the bodily constitution; the sexual organs undergo a much increased development; various parts of the body, especially the chin of the male, and the pubes of both male and female become covered with hair; the larynx enlarges, and the voice becomes lower in pitch, as well as rougher and more powerful; new feelings and desires are also awakened in the mind.”

“To the use of the sexual organs for the continuance of his race, *man*, is prompted by a powerful instinctive desire, which he shares with the lower animals. This instinct, like the other propensities, is excited by sensations; and these may origi-

nate, either in the sexual organs themselves, or may be excited through the organs of special sense. Thus, in man, it is most powerfully aroused by impressions conveyed through the sight or touch, but in many other animals the organs of smell and hearing communicate impressions which have an equal power, and it is not improbable that under certain morbidly excited states of feeling, the same may be the case with ourselves.

“ With this bodily and mental change or development, special functions, hitherto quiescent, begin their operations. Of these, the most important in the male is the generation of the impregnating fluid,—the *Semen*.

“ And now begins the trial which every healthy youth has to encounter, and from which he must come out victorious if he is to be all that he can be and ought to be. The child should know nothing of this trial, and ought never to be disturbed with one sexual thought or feeling. But, with puberty, a very different state of things arises. A new power demands to be exercised, a new want to be satisfied. It is, I take it, of vital importance that boys and young men should know, not only the *guilt* of an illicit indulgence of their dawning passions, but also the *danger* of straining an immature power, and the solemn truth that the *want* will be an irresistible tyrant only to those who have lent

it strength by yielding; that the *only true safety lies in keeping even the thoughts pure.*"

"It is well known to medical men that the healthy secretion of semen has a direct effect upon the whole physical and mental conformation of the man. A series of phenomena attend the natural action of the testicles, influencing the whole system; helping, in fact, in no small degree, to form the character itself. A function so important, which, in truth, to a great extent determines, according as it is dealt with, the happiness or misery of a life, is surely one that should never be abused.

"But what, too often, are the facts? The youth, finding himself in possession of these new sexual feelings and power, utterly ignorant of their importance or even of their nature, except from the silly ribald conversation of the worst of his companions, and knowing absolutely nothing of the consequences of giving away to them, fancies—as he, with many compunctions of conscience, begins a career of depravity—that he is obeying nature's dictates. Every fresh indulgence helps to forge the chains of habit. It frequently happens, in consequence of the morbid depression to which these errors have reduced him, that he fancies that he is more or less ruined for this world, that he can never be what he might have been, and that it is only as by a struggle for life or death that he can

hope for recovery. This condition of his mind and feelings, which is bad enough and serious enough of itself, is in many cases made much worse by the false, exaggerated and alarming literature of advertising quacks, into whose hands he is very apt to sooner or later fall.

“Here, then, is our problem. A natural instinct, a great longing, has arisen in a boy’s heart, together with the powers requisite to procure its gratification. Everything—the habits of the world, the keen appetite of youth for all that is new—the example of companions—the pride of health and strength—opportunity—all combine to urge him to give the rein to what seems a *natural* propensity. Such indulgence, however, is very unnatural, for man is not a mere animal, and the nobler parts of his nature cry out against the violation of their sanctity. Nay, more, such indulgence, if unrestrained, is *fatal*.”—*Acton*.

THIRD DIVISION.

THE PARTING OF THE ROADS—ADVICE TO THOSE WHO HAVE TAKEN THE WRONG ROAD.

WE have now followed the natural course of childhood and youth, through the nascent, and to a large extent irresponsible period, that begins at birth, and continues on up to the age of puberty. At the age of puberty we arrive, as it were, at the parting of the roads. At this period, as we have seen, there comes not only a great change, an evolution of physical development, but the mind also broadens, and the perceptions quicken. The conception of what is right and what is wrong becomes more mature, and we are more responsible for a choice between good and evil. If there was *temptation* in sexual instincts previously, at this age it is doubled and quadrupled. As I have stated, it is the parting of the roads, where we are to choose between a life of restraint, and noble, virtuous manhood,—a *continent* life; or, we may choose to give way to temptation, and the allurements of unbridled lust, and in either case we will receive our award, in accordance with our choice.

We will pause here long enough to say, that it is

a sad and lamentable fact, that the greatest interest, and in fact the greatest necessity, for a book like this, is to those who, at the parting of the roads, have taken the wrong road. And reader, if you have only just started upon it, let us beseech you, in the name of all the millions who have followed it to the bitter end, to *Stop!*—Go back!—Go back! Go back,—and start on the right road, before it is too late. And, if it is already too late to retrace your steps all the way back,—Stop anyway! Do not deceive yourself by imagining that it is ever too late to—*Stop!* Then, if at times temptation assails you, do not despair. *There are means that will help you to overcome temptation.* Let us kindly take you by the hand and show them to you. Let this book be your friend and adviser, when you have no other friend to consult, or to unbosom your troubles to. Remember—what you have done, you have done. Remorse for it, will do you no good; but it certainly will do you much harm.

We have already said, that the right road, was the *restraint of a continent life*. Now, the definition and the exact meaning of the word “continent,” as applied to sexual matters, is quite variable with different authors; we will here give some of them:

“Content without lawful venery, is *continence*; without unlawful, is *chastity*.”—*Grew*.

“Chastity is either abstinence or continence;

abstinence is that of virgins or widows: *continence*, that of married persons."—*Bp. Taylor*.

"Abstinence from, or moderation in, the pleasures of physical love."—*Dunghinson's Med. Dic.*

"The abstaining from unlawful pleasures."—*Bailey*.

"Forbearance of lawful pleasure."—*Ash*.

"Restraint of the passion for sexual enjoyment."—*Webster*.

Forbearance from excessive, harmful, sexual passions or acts.—*Author*.

Varying, as these definitions are, all of them doubtless may be correct, depending upon the application or use that is made of the word. It will be observed that the author's definition varies from any of the others, in that it is broader, as it includes both sexual passions and sexual acts, and that the limit it puts on such passions and acts, is not one of "law," unless it be the natural law of health. The author's meaning may be better understood by mentioning some of the things that he does not include or cover, by the word *continence*.

It does not mean simply *total* abstinence. It does not mean the abstinence only of those who have not the license of marriage. It does not mean the abstinence of either the married or the unmarried, that happens merely from the absence of passion or desire. It does not mean the abstinence that is

enforced by inability to gratify the sexual passion, —impotence. It *does* mean the *restraint* of both sexual passion and sexual acts, of both the married and the unmarried, and of all ages, to be confined within the limits of harmless indulgence.

The author is aware that in answering one question in the last paragraph, he succeeded only by introducing other questions,—questions that are even more difficult to answer. What, will be asked, is meant by “harmless indulgence?” and more particularly, how can any sexual indulgence be harmless, when it is not licensed by marriage? The answer depends upon whether we are looking at the question from a moral, or from a physical point of view.

From the moral side of it, we can dismiss the question at once, for, so far as the author is aware, there is no one who would contend that sexual indulgence in any form, outside of the limits of marriage, is morally harmless.

On the physical side of the question, however, there is, within certain limitations, a diversity of opinions by eminent authorities, as to whether sexual indulgence, in any form, when not carried to excess, is physically harmful or not.

At this point let no one take alarm, that it is the intention of the author to put in a plea for, nor in any form, sense or degree to advocate the unre-

strained use, or the abuse, of the sexual passions, or of the sexual organs, except for the high and exalted function that they were created for. To put the question tersely, can there be any sexual indulgence in any form, the purpose of which is merely sensual gratification of the sexual passions, without injury? The answer is,—No! For, as I have already said, there would in every instance of such indulgence, be a moral injury, and as we shall show, a predisposing cause of physical injury, together with its being the initial step to temptation, that leads to excess, and therein lies the greatest danger.

In the treatment of the subject of sexual indulgence, and as to its injurious effect, there has been a vast amount of pure speculation, and a greater amount of gross exaggeration. And between the two, the truth and the facts have been either entirely lost sight of, or so distorted and befogged, that it is not a reliable guide for those in need of information. Even those writers and lecturers who treat the subject without any mercenary object in view, are, as a rule, apt to look at it from only one point of view, the view that pictures it in the most horrible and damaging light; apparently not stopping to consider whether it is an exaggeration or not. Is it not time to cry—halt! to this sort of treatment? Let us intro-

duce evidence on both sides of the question, evidence of unquestioned veracity and sincerity, and then, after having considered all of it impartially, see if we cannot arrive at some definite and rational conclusion.

Dr. Acton's view of continence is, that it should mean,—total abstinence; absolute prohibition of all sexual indulgence. He says: "Again, continence must be *entire*. The fact of the indulgence being lawful or unlawful does not affect the question of continence." Continence consists not only in abstaining from sexual congress, but in controlling all sexual excitement. If a young man gives way to masturbation it is easy enough for him to abstain from fornication. In fact, the one indulgence is generally incompatible with the other. We may confidently assert that no man is entitled to the character of being continent or chaste who by any unnatural means causes the expulsion of semen. On the other hand, the occasional occurrence of nocturnal emissions (night emissions) is quite compatible with, and, indeed, is to be expected, as a consequence of continence, whether temporary or permanent. It is in this way that nature provides relief."

The evidence of the advantages of continence is abundant. If a healthy, well-disposed boy has been properly educated, by the time that he arrives

at the age of fourteen or sixteen, he possesses a frame approaching its full vigor. His conscience is unburdened, his intellect clear, his address frank and candid, his memory good, his spirits are buoyant, his complexion is bright. Every function of the body is well performed, and no fatigue is felt after moderate exertion. The youth evinces that elasticity of body and that happy control of himself and his feelings which are indicative of the robust health and absence from care which should accompany youth. His whole time is given up to his studies and amusements; he gladly prepares for his coming struggle with the world.

The blessings of continence are many more than I have yet mentioned and are continuous all through life, but as the blessings of continence are the antithesis of the injuries that are produced by incontinence, which will be described very fully later on, and in different parts of this book, I will omit further mention of them here.

FOURTH DIVISION.

THE DIFFICULTY OF MAINTAINING CONTINENCE.

THIS is a division of our subject that is of even more interest than the benefits of continence, for while it is comparatively easy for any man to convince himself that continence is beneficial, it is far more difficult to bring himself under that restraint which is necessary, to do that which he knows to be right. There is, however, a compensation in the exercise of such restraint, besides the exemption from the physical injury that threatens, in the fact that every stand and effort that is made against temptation, has a tendency to refine our nature, to broaden that which is good and noble within us, and last but not least, to strengthen our powers of resistance against that which is evil. The individual who maintains his or her chastity through the fires of temptation, and passionate desire, has a much stronger character, than those "holier-than-thou" persons, who escape, simply because through nature, and by environment they are not tempted.

"An almost infinite variety of opinion exists on this subject," says Dr. Acton, "between the extreme proposition on the one hand that a young

man has, or need have, no sexual desire, at least to any troublesome degree, and consequently need neither take precautions nor be warned against the danger of exciting his sexual feelings; and the equally extreme doctrine, on the other hand, that the sufferings of chastity are such as to justify, or at least excuse, incontinence. My own opinion is that where, as is the case with a very large number, a young man's education has been properly watched, and his mind has not been debased by vile thoughts and practices, it is usually a comparatively easy task to be continent, and requires no great or extraordinary effort; and every year of voluntary chastity renders the task easier by the mere force of habit. Yet it can hardly be denied that a very considerable number, even of the more or less pure, do suffer, at least temporarily, no little distress."

"It is a matter of every-day experience to hear patients complaining that a state of continence, after a certain time, produces a most irritable condition of the nervous system, so that the individual is unable to settle his mind to anything; study becomes impossible; the student cannot sit still; sedentary occupations are unbearable, and sexual ideas intrude perpetually on the patient's thoughts. In individuals constituted as these are, continence is sure to induce this state of irritability. Still, no such symptoms, however feelingly described, should

ever induce a medical man even to seem to sanction indulgence for relief, for it would prove a fatal remedy, which would only perpetuate the disease."

"In all solemn earnestness I protest against a medical man countenancing such a remedy. It is better for a youth to live a continent life. The *strictly* continent suffer little or none of this irritability; but the incontinent, as soon as seminal plethora occurs, are sure to be troubled in one or the other of the modes spoken of, while the remedy of indulgence, if effective, requires repetition as often as the inconvenience returns."

"If a young man wished to undergo the acutest sexual suffering, he could adopt no more certain method than to propose to be incontinent, with the avowed intention of becoming continent again when he had 'sown his wild oats.' The agony of breaking off a habit which so rapidly entwines itself with every fiber of the human frame is such that it would not be too much to say to any youth commencing a career of vice: 'You are starting on a road in which it is so difficult to turn back, you probably *never* will, no matter how much you may desire to, for the struggle will be too much for you. You had better stop—NOW.' How much more severe occasional incontinence makes the necessary struggle to remain continent at all appears from the sexual distress which widowers suffer, and, also

married men whose wives' health is such that sexual intercourse is forbidden."

It is a solemn truth that the sovereignty of the will, or, in other words, the command of the man over himself and his outward circumstances, is a matter of *habit*. Every victory strengthens the victor. With one, long years of courageous self-rule have made it apparently impossible for him ever to yield. The whole force of his character, braced and multiplied by the exercise of a lifetime, drives him with unwavering energy along his chosen course of purity. The very word—continence—admirably expresses the firm and watchful hold with which his trained and disciplined will grasps and guides all the circumstances and influences of life.

But, more than this, the steady discipline of the will has a direct physical effect on the body. The young man who can command even his thoughts will have an easier task in keeping himself continent than he who cannot. He who, when physical temptations assail him, can determinately *apply his mind to other subjects*, and employ the whole force of his will in *turning away from the danger*, has a power over the body itself which will make his *victory ten-fold easier* than his who, unable to check bodily excitement, though determined not to yield, must endure in the conflict great sexual misery.

The benefits of this training of the will are greatly enhanced and strengthened by beginning *early*. If a boy is once impressed that *all* such indulgences are vulgar and mean, and with the whole force of his unimpaired energy determines that he will not disgrace himself by yielding, a very bright and happy future may be anticipated as the reward of his determined resistance to temptation.

The reader, who may have need of the advice I am giving about exercising his will against temptation, should not lose sight of the most essential feature in connection with it, which is this: He will not succeed by willing it, to *banish* any particular temptation, unless at the same time he just as strongly wills to *substitute* something in its place. Your sexual passions and temptations will not leave you, no matter how much you may desire it; no matter how many vows and resolutions you may make, they will all be broken, and the evil temptations and evil habits will persistently stay right with you until you *force them out* by wedging something else into their place.

The logic of this is, that two or more things cannot occupy the same space at the same time. Dr. Carpenter says:—"To those who urge the wants of nature as an excuse for the illicit gratification of the sexual passion,—‘try the effect of close mental application to some of those ennobling pursuits to

which your profession, or your environment introduces you, in combination with *vigorous bodily exercise*, before you assert that the appetite is unrestrainable, and act upon that assertion.' Nothing tends so much to increase the desire, as the continual direction of the mind towards the object of its gratification, especially under the favoring influence of sedentary habits; while nothing so effectually represses it as the determinate exercise of the mental faculties upon other objects, and the expenditure of nervous energy in other channels."

Dr. Acton adds to the same line of advisory reasoning when he says:—"The passive means, namely, abstinence from exciting causes, are not, however, the only ones that must be employed in order to maintain that condition of self-restraining health which we desire to see in young men,—active hygiene is most essential. Exercise, gymnastics, regular employment, and all agencies that direct the energies of the growing frame to its increase and consolidation, and away from the reproductive organs, should be regularly used. I am convinced that much of the incontinence of the present day could be avoided by finding amusement, instruction and recreation for the young men of large towns. Every association or institution which encourages young men, who desire to live virtuously, to consort with one another on the principles of

purity and self-denial, seems to be worthy of all support and encouragement. Such bodies of young men are of the greatest use, even to those who do not belong to them. They insensibly modify the tone of young men's society. They help to render vice, at least open vice, detestable and unpopular."

"This, I believe, has been one of the many good results arising from the Young Men's Christian Associations, to raise the tone of thought and feeling among the middle-class youth of the land. Most perceptible beneficial results, too, have been produced by the institution of reading-rooms, instruction classes, gymnasiums, and places for healthy recreation, where young men may pass their leisure hours in a cheerful, agreeable way, and be not only to a great extent withdrawn from temptation, but directly brought under those influences which, above all others, lessen the force of that temptation. Every measure that provides healthy and rational occupation for young people, is a step in the right direction, and must tend to realize the great object of improving the morals of the people."

This part of our subject cannot well be closed without taking some cognizance of the claim and argument that is frequently made, that moderate sexual indulgence is a part of the fundamental law of nature and of health. There are no inconsider-

able number of physicians who countenance, if they do not openly recommend—illicit sexual intercourse—as being a necessity, a sort of scape-gate for the plethora or superabundance of the animal virility which apparently accumulates in continent men. The following is a specimen of some of the strong phraseology that has been published from that point of view, and which emanates from a writer of no mean standing or ability:

“To have offspring is not to be regarded as a luxury, but as a great primary *necessity* for health and happiness, of which every man and woman should have a fair share.” It is on this belief and doctrine that a great social or religious sect was founded. (The Mormon.)

“The ignorance of the necessity of sexual intercourse to the health and virtue of both man and woman, is the most fundamental error in medical and moral philosophy.”

“The hopes of man lie in a nutshell; they are all comprehended in this question of questions—Is it possible to have both food and love? Is it possible that each individual among us can have a due share of food, love and leisure?”

“Rather than resign love, rather than practice increased sexual abstinence, and so check population, mankind have been willing to submit to the smallest proportion of food and leisure which the

human frame could for a season endure. The want of love is so miserable a state of constraint, and, moreover, so destructive to the health of body and mind, that people who have a choice in the matter will rather put up with any evil than endure it."

This is but a brief sample of one class of argument in defense of incontinence; and further on the same author advocates *unmarried intimacy* because, for men and women to indulge in sexual intercourse is but obeying nature's laws, whether it is man's law or not. It will be noticed that in one paragraph the writer claims that "sexual intercourse is a necessity to health and *virtue*," and in another paragraph he makes his plea on the ground that "the want of love" is so "destructive to the health of body and mind." It does not need any argument to show that the writer's views are in bold opposition to the fundamental principles of organized society. To refute the position he takes, in all of its bearings, would necessitate entering upon a broader field of argument than is within the purpose of this book to cover. Indeed, the assertion that illicit intercourse is a "necessity to promote virtue," is a claim as senseless as it is bold, and is not worth an argument to refute it. Again, what the writer refers to as 'love,' in truth and fact, is nothing more or less

than—lust. If the grounds he takes are in any sense practical or allowable, they certainly do not in any case apply to youth. No young man could, under any circumstances, find excuse or defend his pursuing such a course.

We come now to a question which is more nearly in line with the problem that this book undertakes to solve and to answer. Namely, is incontinence a physical injury, when a man is conscious that his mind and body are in a state of riot and confusion, out of balance, as it were, and, at the same time he is also conscious that the cause of this state of his feelings, is a—plethora—a surcharge—of semen, and of animal passion?

The answer is:—when this state of feeling is not the result of prolonged temptation, purposely unrestrained, in other words, when it is brought about in the natural order of a temperate, virtuous life, and not intentionally produced by some temptation which is permitted to excite the sexual passion, under such conditions, the restoration of the normal equilibrium of the physical economy, by an act of sexual indulgence, with moderation, cannot be proved by any one to produce any *physical* injury.

Neither will it produce any physical benefit.

It may, bring physical relief.

Now, by admitting that under the conditions

named, that a single act of moderate indulgence will work no physical injury, the admission should be considered simply as an answer to an abstract question of fact. It should not be for one moment understood, that such indulgence is approved of—much less recommended. For—while it may not work any immediate physical injury,—It will promote a very positive—danger. .

The man who permits this indulgence once, will very soon find what he will consider a necessity for its repetition; this in turn will be gratified; the occasion and the indulgence will then happen more frequently; his mind will come to dwell upon it, and before he is aware of it, he will be under bondage to a most vile and relentless *habit*, and it will be no longer a question as to the injury done. In this respect the initiation and the forming of a habit, is quite analogous to the opium and other similar habits; what seems to be a harmless necessity in the beginning, which can be easily stopped at any time by simply willing to stop it, soon proves to have such a cumulative requirement of repetition, that it gets beyond the control of the will.

Total abstinence is,—the only *safe* policy.

The testimony of all scientific and practical authorities is unanimous that sexual indulgence of any kind must not be permitted until puberty is

well established, complete, and in full vigor. On this point Dr. Hammond says:—

“It may be asserted without the possibility of there being any error in the declaration, that any attempt at the performance of intercourse, or any *manœuvre* undertaken before the age of puberty, is destructive more or less, in accordance with the extent to which the actions in question are carried, of the genesic power of the individual. Such actions very generally tend to cause early puberty, so far at least as the early secretion of semen is concerned, and early puberty of itself means an early loss of procreative power. This is only in accordance with the general law of the organism in regard not only to the generative function, but of all others of the system.”

“Moreover, if a function is exercised before the organs with which it is connected are prepared for use, by having attained to their development, demands are made upon them to which they are not prepared to respond. They are consequently overtaxed, and precocious exhaustion must be the inevitable result. The same result attends the too early use of any organ of the body. Take, for instance, the muscular system, which in a child is weak and delicate. If severe physical tasks be imposed upon the muscles, they not only break down,

but the whole organism of the child becomes disordered.

“Again, as regards the brain, which in early childhood is scarcely fit for any further use, so far as the mind is concerned, than that of receiving impressions of surrounding objects, if it be spurred on to the making of what to it are strong efforts towards acquiring knowledge, it is not long before the evidences of serious derangement make their appearance, and an era of suffering begins, which becomes more and more strongly marked with every act of mental exertion which the child may make.”

“But with the sexual apparatus the matter is worse, for while the muscles, the brain, and the organs are adapted to some use from the very earliest period of existence, those intended for the purpose of producing the species are absolutely incapable of fulfilling their office, until the age of puberty be reached. The effects of their use, or rather abuse—for all use prior to that time is abuse—are therefore clearly to be seen from the very instant that they are subjected to the maltreatment in question.

“The manner in which early excess acts, therefore, is by premature extinction of the virile power. A function which ought to be very little below its highest point at fifty years of age, has come and

gone at puberty or soon after. The nervous centres in connection with the organs are exhausted, the testicles have run through an imperfect process of development and are atrophied, the blood vessels of the penis are shrunken, the erectile tissue of the organ is withered and inelastic."

"If all these changes have not advanced to the highest point, and if the patient be still young, it is possible, under very favorable circumstances, for a second development to take place. In general this is readily effected. The individual stops short of actual ruin. He ascertains that the practices in which he is indulging are vicious, both from a mental and physical point of view, and merely through the restorative power of nature, after he has given it an opportunity to act, or through that factor in conjunction with proper medical treatment, his sexual organs recover their tone, and advance to something like the normal standard of health. It may, however, be asserted with absolute truth, that the boy who, has before puberty indulged even moderately in masturbation, will never be as strong sexually as he would have been had he entirely refrained from the practice."

"In the adult, the morbid processes which are set up in consequence of excessive sexual indulgences are by no means so pronounced as those which have just been described; neither are they

so readily induced. The sexual organs will stand an immense amount of improper usage in the cases of some men; in others, however, their power of resistance is much less; and in all, if the excess be continued there is danger that a condition of permanent impotence will be reached."

Dr. Carpenter says: "This development of the sexual organs at puberty is attended with manifestations of the sexual passion, but it can only rightly be regarded as preparatory to the exercise of these organs, and not as showing that the aptitude for their exercise has already been fully attained. It is only when the growth and development of the individual are complete that procreative power can be properly exerted for the continuance of the race; and all experience shows that by prematurely and unrestrainedly yielding to the sexual instincts, not merely the generative power is early exhausted, but the vital powers of the organism generally are reduced and permanently enfeebled, so that any latent predisposition to disease is extremely liable to manifest itself, or the bodily vigor, if for a time retained with little deterioration, early undergoes a marked diminution."

Dr. Acton says: "One argument in favor of incontinence deserves special notice, as it purports to be founded on physiology. I have been consulted by persons who feared, or professed to fear,

that if the organs were not regularly exercised, they would become atrophied (wasted, shrunken), or that in some way impotence might be the result of chastity. This is the assigned reason for committing, fornication. There exists no *greater error* than this, or one more opposed to physiological truth. In the first place, I may state that I have, after many years' experience, never seen a single instance of atrophy of the generative organs from this cause. I have, it is true, met with the complaint—but in what class of cases does it occur? It arises in all instances from the exact opposite cause—early abuse: the organs become worn out, and hence arises atrophy."

"Physiologically considered, it is not a fact that the power of secreting semen is annihilated in well-formed adults leading a healthy life and yet remaining continent. I have daily evidence that the function goes on in the organ always, from puberty to old age. Semen is secreted sometimes slowly, sometimes quickly, but very frequently only under the influence of the will. I have already referred to the fact—that when the seminal vessels are full, emission at night is not unfrequent. This natural relief will suffice to show that the testes are fully equal to their work when called upon. No continent man need be deterred by this apocryphal fear of atrophy of the organs from living a chaste life.

It is a device of the unchaste—a lame excuse for their own incontinence, not founded on any physiological law, nor proven by experience."

FIFTH DIVISION.

ANATOMY AND DESCRIPTION OF THE MALE SEXUAL ORGANS.

THE functions of the male sexual organs are two-fold—first, to secrete or formulate the generative fluid called *Semen* ; and, second, to transmit it into the female organs. The *Testes* are the secreting organs, and the *Penis* is the organ of transmission and intromission.

The Testes, or Testicles—are two glandular organs which secrete the seminal fluid, oval in shape, and suspended obliquely in the scrotum by the spermatic cords, each measuring about one inch in diameter, and weighing about three-quarters of an ounce.

The Scrotum—is a cutaneous pouch, consisting of two layers—the integument and the dartos, the latter being a contractile vascular tunic, continuous with the superficial fascia of the thighs and perineum, and forming a septum in the scrotum between the two cavities for the testes.

THE COATS OF THE TESTIS—are three in number: (I.) *Tunica Vaginalis*—the serous covering—having a visceral layer (*tunica vaginalis propria*) and a parietal layer (*tunica vaginalis reflexa*). It was originally derived from the peritoneum, and the upper part being obliterated, it remained a closed sac. (II.) *Tunica Albuginea*—the fibrous covering—formed of white fibrous tissue, and forming an incomplete vertical septum within the gland, the *Corpus Highmorianum* or *Mediastinum Testis*, from which fibrous bands (*trabeculæ*) cross the gland, dividing its interior into spaces for the lobules of the organ. (III.) *Tunica Vasculosa*—the Pia Mater Testis—is the vascular tunic, lying beneath the tunica albuginea, and giving off numerous processes between the lobules.

THE COVERINGS OF THE TESTICLE—are from without, inwards, and are six in number, as follows: (I.) *Skin*, of the scrotum, closely adherent to the dartos. (II.) *Dartos*, or superficial fascia. (III.) *External Spermatic Fascia*, Intercolumnar Fascia, derived from the margins of the external abdominal

ring. (IV.) *Cremasteric Fascia*, derived from the lower border of the internal oblique muscle (called the cremaster muscle). (V.) *Internal Spermatic Fascia*, or *Fascia Propria*, the infundibulliform process of the transversalis fascia. (VI.) *Tunica Vaginalis*, described above.

THE STRUCTURE OF THE TESTICLE—is composed of small, convoluted tubes, which are collected into *Lobules*, about 300 in number, from which straight ducts, the *Vasa Recta* enter the mediastinum and form an ascending pleux of anastomosing tubes, the *Reta Testis*, which give off some twelve to twenty ducts; the *Vasa Efferentia*, these perforate the tunica albuginea of the testis, and form a number of conical masses; the *Coni Vasculosi*, which together constitute the *Globus Major* of the Epididymis.

The Epididymis—is an appendix to the testicle, lying along its posterior border, and consists of a single duct about twenty feet in length when unraveled, but which is wound upon itself so as to occupy a very small space.

The Vas Deferens—is the continuation of the epididymis, and is the excretory duct of the testicle. Beginning at the globus minor, it ascends along the back of the spermatic cord to the external abdominal ring, where it enters the inguinal canal, and penetrates the abdominal cavity through the internal abdominal ring. Descending into the

pelvis, it passes between the bladder and the rectum, along the inner side of the vesicula seminalis, and at the base of the prostate gland it joins with the duct of the vesicula seminalis to form the ejaculatory duct. The Vas Deferens is about two feet long and has a canal of only half a line in diameter. Its walls are very dense, making it feel like a piece of wire when grasped between the fingers.

THE ARTERIES OF THE TESTICLE—consist of branches from the *Femoral*—the *Internal Illiac*—and the *Epigastric*.

THE NERVES OF THE TESTICLE—are the *Illo-Inguinal*—the *Illo-Hypogastric*—the *Superficial Perineal*—the *Inferior Pudendal*—and the *Genital* nerve.

The Vesicula Seminales—are two sacculated, membranous pouches, serving as reservoirs for the semen, and are filled by the backing up of that fluid from the vasa deferentia. They are about $2\frac{1}{2}$ inches in length, and are situated between the base of the bladder and the rectum.

The Ejaculatory Ducts—are the valves of the Vesiculæ Seminales, situated at their junction with the Vasa Deferentia. They are about $\frac{3}{4}$ of an inch in length, and terminate in the prostatic portion of the Urethra.

The Function of the Testicles—and their appendages is, the secretion and reserve supply of semen, which contains the life principle (Sperma-

tozoa). After it is secreted by the testicles, the semen passes through a continuous tube, or canal, consisting, as we have seen, of the Epididymis, and its continuation, the Vas Deferens. The total length of this canal from its beginning at the testicle to its termination at the junction of the Vesicula Seminales (the reservoir), with the Prostatic Urethra, is about twenty-three feet. Thus, it will be observed that semen when it is expelled from the body is not drawn directly from the testicle, but is taken from a reservoir, to fill which, the semen has previously travelled a distance equal to about four times the entire length of the human body.

The Penis—is the male organ of intromission, to deposit the semen in the female genitalia. It is composed of a mass of sponge-like erectile tissue, arranged in three parallel compartments of cylindrical shape; each of these compartments is surrounded by a fibrous sheath which is prolonged inwards, forming numerous bands (trabeculæ) which divide the compartment into a number of spaces. The compartments are named the *Corpora Cavernosa*, and the *Corpus Spongiosum*; the latter is smaller than the former, and is situated directly between and beneath them. The structure and shape of the penis has been likened to that of a double-barrel gun with the ramrod on the under side; it varies considerably

in length and size, the ordinary length when erect being from four and one-half to six inches, and according to 100 measurements made by Dr. F. N. Otis, the average circumference when not erect is three and one-fourth inches.

THE CORPORA CAVERNOSA—arise from the pubic rami by strong fibrous processes called the *Crura*, and are anchored in the pubic symphysis by a fibrous expansion termed the suspensory ligament. The crura are continued forward as two irregularly cylindrical bodies placed side by side. The walls of these bodies are made up of dense fibrous and elastic tissue. From these walls are given off many trabeculæ containing fibrous tissue and smooth muscular fibres. This gives the interior of the cavernous bodies the appearance of a sponge. Along the trabeculæ pass the arteries, which, either directly or by means of capillaries pour their contents into the large spaces resulting from the formation of the parts. The spaces of each corpus freely communicate with the other, and in the anterior part of the penis there is only a very imperfect septum between the two cavernous bodies.

The arterial supply to this series of venous sinuses is derived from the arteries of the corpora cavernosa and from the dorsal artery of the penis. Branches from these vessels penetrate through the outer fibrous investment, pass along the trabeculæ, and

either terminate as a capillary network, the branches of which open into the sinuses, or become greatly convoluted forming the helicine arteries, and supply by their capillaries the trabecular structure. The blood from the cavernous spaces is returned by the veins, the greater number of which pass directly backwards to join the prostratic pleux, while some pass into the dorsal vein of the penis.

THE CORPUS SPONGIOSUM—lies directly beneath and between the corpora cavernosa, begins posteriorly in the bulb, a tuberos enlargement situated between the diverging crura and the corpora cavernosa, and terminates anteriorly at the glans penis. Its blood supply is derived from the arteries of the bulb.

The Glans Penis—is the extreme end portion of the penis, semi-conoidal in form, and of a bright pink color, which is intensified when turgescient with blood. It is formed by the external expansion of the corpus spongiosum, and covers by its base the ends of the two corpora cavernosa. Its base presents a rounded border, called the *Corona Clandis*. behind which is a deep sulcus, the *Cervix*.

THE PREPUCE—which in olden times was called the “fore-skin,” is a prolongation of the integument of the penis, covering, or partly covering, the glans penis. It is the part that the Hebrews remove by circumcision.

The Meatus—URINARIUS—often mentioned as the *Meatus*, is the external opening of the Urethra, and is situated at the end of the glans penis.

THE NERVES OF THE PENIS—are branches derived from the internal pudic nerve, and from the hypogastric plexus of the sympathetic.

THE MUSCLES OF THE PENIS—are the *Erector Penis*—the *Accelerator urinæ*, and the unstripped muscular tissue surrounding the urethra, and found in the trabeculæ of the erectile tissue. The erector penis passes forward from the inner surface of the tuberosity of the ischium, to be inserted into the sides and under surface of the unattached part of the crus. The accelerator urinæ or bulbo-cavernous muscle arises from the central perineal tendon. Its two halves are united in a central raphe, from which the fibres spread laterally, enveloping the bulb and spreading upwards as a fibrous expansion over the dorsum of the penis.

The Urethra—is the urinary canal extending from the neck of the bladder to the Meatus urinaris, and is described as follows by Dr. Fessenden Otis, an eminent specialist in diseases of the urethra: "The urethra is a tubular continuation of the bladder. Its functions are those of a common carrier for the urine and for the seminal fluid, from their respective reservoirs (the bladder and the vesicula seminales), to their exit from the body.

Its structure is similar to that of the bladder, being in point of fact an extension of its mucous coat and of its muscular layers (the latter in somewhat varying degrees of density), composed of non-striated or involuntary, and of striated or voluntary muscular fibre. The former are chiefly found surrounding the urethra at its commencement, or junction with the bladder (the so-called vesical neck), and constitutes the internal sphincter of the bladder. These fibres permeate and encircle the prostate, through which the urethra passes for the first inch-and-a-quarter of its course. This, the prostatic portion of the urethra, is of especial interest as the locality of the *seminal ducts and the muscular apparatus which is concerned in giving the proper direction and force to the seminal fluid*. The floor of the canal is occupied by an elevation, or ridge, formed of fibrous and erectile tissue, in the center of which a depression occurs, and, at its margin, or either side, are seen the *slit-like openings of the ejaculatory or seminal ducts*. (The nerve supply to this portion of the urethra is peculiarly rich.)—

Martin.

“The depression, about a quarter of an inch in width, is continuous with a short canal or cul-de-sac studded with rascemose glands and lined with squamous epithelium, and is the alleged analogue of the uterus in the female. It is chiefly important

in a practical point of view as capable of engaging the point of an instrument in its passage into the bladder, of furnishing small calculi, and as being the point of origin of fibrous growths which are claimed to result from its homology with the uterus."

"The complete investment of this portion of the urethra, and permeation of the prostate with non-striated muscular tissue, plays an important part in the retention of the urine in the bladder, and in the *forcible discharge of the semen through the urethra*. The urethra is strongly stayed in its position by the deep perineal fascia, which is so arranged that the urethra passes through one layer, the posterior, at a point which coincides with the apex of the prostate, while the anterior layer, separated about three-fourths of an inch from it, is also traversed by it in a similar manner. These two layers of the deep fascia, constitute the triangular ligament, thus enclose that important part of the urethra known as the membranous portion of the *pars muscularis*, so-called from the strong muscular surroundings of the canal at this point. Chief among these are the compressor urethra, two small striated muscles which are attached to the ischo-pubic bones, one above and one below, which on contraction compress the urethra between them, so that the stream of urine is arrested at will. Besides these there are numerous circular,

non-striated muscular fibres immediately surrounding the membraneous urethra, which are also capable of arresting the urine by their contraction, and of producing involuntary retention as well as obstruction to the passage of instruments, through reflex irritation."

"The urethra after thus passing through the prostate gland (the prostate urethra) and through the two layers of the triangular ligament (the membraneous urethra) still invested to a greater or less degree by non-striated muscular fibres, both circular and longitudinal, enters the corpus spongiosum urethra, within which it extends along the inferior aspect of the penis a distance of four to four-and-a-half inches (constituting the so-called spongy portion of the urethra), and thence for about an inch through the glans penis to its extremity, terminating in the meatus, the external urethral orifice."

"The entire length of the urethra is usually from seven to eight inches, about two-thirds of which is in the spongy portion of the penis that is visible outside of the body. The calibre of the urethra varies much more than its length, in different individuals (bearing as a rule to which there are few if any exceptions), a relative proportion to the circumference of the penis with which it is associated. Thus, in the measurement of several

hundred consecutive cases of supposed healthy urethra by myself, the size of the urethra was found to increase or diminish by about two millimeters of circumference for ever quarter-inch added to, or subtracted from the average circumference of the penis; the average circumference of the urethra being 32 millimeters and the average circumference of the penis in its quiescent state being three and one-quarter inches."

The Prostate Gland—is a large gland encircling the neck of the bladder and the urethra, and is of peculiar importance in the consideration of the subject of sexual troubles, because it secretes a fluid that by the non-professional is very often mistaken for semen, and is the cause of much unnecessary alarm. It measures one inch by $\frac{3}{4}$ inch, being a little larger than a testicle, but in weight is about the same, $\frac{3}{4}$ ounce; it is at this portion of the urethra that the semen enters through the ejaculatory ducts, and joining with the prostatic fluid is ejected from the body.

Cowper's Glands.—In addition to the testicles and the Prostate gland, there are two other smaller glands that empty their secretion into the urethra. These two smaller glands are known as *Cowper's Glands*. They are situated in front of the prostate gland, between the two layers of the deep perineal fascia, one on each side of the membrane-

ous portion of the urethra, close behind the bulb, and enclosed by the transverse fibres of the compressor urethra muscle. The *Ducts* of Cowper's glands, open on the floor of the bulbous part of the spongy portion of the urethra, after traversing the wall of the urethra for about one inch, between its mucous and muscular coats.

SIXTH DIVISION.

THE FUNCTIONAL ACTION OF THE MALE SEXUAL ORGANS.

HAVING described the machinery, as it were, of the male sexual organs, we will now proceed to explain its functions and action.

The Mechanism of Erection,—as demonstrated by Dr. Edward Martin, is as follows: "When the arteries supplying the erectile tissue of the penis are in their ordinary condition, and when the unstriped muscular fibres of the trabeculæ are in a state of tonic contraction, thus to a

great extent obliterating the venous spaces, the blood in its course has no tendency to overfill these spaces, but rather passes by the ordinary system of capillaries into the veins. Certain nerve fibres called *nerve erigentes* or *erector nerves* pass from the lower lumbar or upper sacral nerves to the vessels and muscular structure of the erectile tissue; these when stimulated cause dilation of the arteries, hence an increased flux of blood, and relaxation of the trabecular muscles, hence lessened resistance in the venous spaces. As a result, the spongy and cavernous bodies become turgid, enlarging in all directions. In consequence of the swelling, the efferent veins passing along the trabeculæ and the fibrous investment of the spongy and cavernous bodies are pressed upon, and the congestion and blood pressure in the penis is increased. The return of the blood from the penis is still further prevented by contraction of the erector penis, compressor urethræ and accelerator urinæ muscles. The penis is mechanically carried up to an angle of 45° by the action of the suspensory ligament, the erector penis or ischio-cavernosi muscles being particularly concerned in maintaining venous congestion, though by drawing downward and backward at the root of the penis they undoubtedly exert a distinct effect in carrying the point of the organ upward."

“The center for erection is placed in the lumbar region. Though stimulation of the erector nerves will produce a turgid condition of the penis, it will not occasion full erection, since, for the completion of the act, participation of the voluntary muscular fibres, the ischio-cavernosi, the bulbo-cavernosi and the transversus perinci, is necessary. With all these factors working harmoniously the corpora-cavernosa become of almost cartilaginous hardness. The corpus spongiosum and its expansion, the glans, remain somewhat softer, because the investing fibrous capsule is less dense. When erection is completed, the blood-return from the penis may be still further obstructed *by a voluntary muscular effort of the muscles of the penis and perineum, and the comparatively soft glands may be made to materially increase in size and become harder.* The whole organ participates in this increase, but not to the same extent as the glans. An atonic condition of the perineal muscles prevents complete vigorous erections.”

“**Emission**—The epididymis with its coni vasculosi acts as a reservoir for the spermatozoa, which, when they fill the space, pass into the vas and are carried by the peristaltic action (a forward worm-like movement) of the muscular coat of this tube to the vesiculæ seminales. Incident with erection the testicles are drawn close to the external

rings. It is probable that the muscular coats of the vas act with more than usual vigor. As a result of the afferent impulse carried from the nerves of the glans the common ejaculatory ducts become patulous (opened) and the contents of the seminal vesicles are passed into the prostatic urethra. The muscular substance of the prostate contracts, squeezing out the secretion from its follicles to be mixed with the spermatozoa and secretion of the seminal vesicles."

"As a result of this contraction, and the simultaneous relaxation of the compressor urethræ, the *combined secretions* is forced into the bulbous urethra, since the turgid veru montanum prevents it from being forced backwards into the bladder. From here it is driven forward by cyclonic contractions of the accelerator urinæ, aided by the entire perineal group and by the unstriped muscular fibres of the urethra. The muscular contractions pass forward as a wave, and are repeated till all the semen is ejaculated. It is probable that the first voluptuous sensations are associated with the ejaculation of the semen into the prostatic urethra and the contraction of the muscular substance of this gland for the purpose of driving the semen and its secretion forward, since ejaculation does not immediately follow the first contraction."

"Slightly before the orgasm Cowper's glands

discharge their contents into the bulbous urethra; this act is accompanied by sensations which are usually unnoticed, since they precede the orgasm by such a slight interval that they are unnoticed or forgotten in the greater nerve impression. I have seen patients who could produce this discharge from Cowper's glands without the emission of either the prostatic or testicular secretion."

"CAUSES WHICH INDUCE ERECTION.—The erectile center may be stimulated to transmit an impulse through the *nervi erigentes*, either *from the brain*; from *direct irritation of the penis*; from the *spinal cord*; from the *prostatic urethra*; or from other parts of the sexual apparatus; or from the *anus*, or other regions under the domination of an associated nerve plexus."

The centre for erection in the spinal cord is undoubtedly under the domination of the vaso-dilator centre in the medulla oblongata (upper part of the spinal cord at the base of the brain), fibres within the cord making the communication. Psychical impressions (mind impressions) have a marked influence upon the vaso-dilator nerves, a common example of this influence being offered in the flush caused by anger or shame, the dilatation of the blood vessels of the head being due to stimulation of the vaso-dilator fibres; by a similar mechanism, when the thoughts are strongly directed towards

sexual subjects, there results a powerful action upon the nervi erigentes. Thus, *sights—sounds—odors—memories*—in fact *all mental impressions* which suggest sexual desire, may produce powerful erections.”

“Erection is also excited by peripheral stimuli. Thus the priapism (continual erection) which sometimes occurs as the result of mechanical friction while riding horseback; the continued erection often associated with prostatic calculus or inflammation of this part of the urethra; the erection associated with a full bladder, are examples of reflexes arising from the sexual organs.”

“Erection excited by stimulation of associated fibres are instanced by the priapism which occurs in children on examination of the hip, or the erections due to flagellation of the buttocks, or those associated or irritated conditions of the anus and rectum.”

“The power of erection begins at birth and departs usually from the sixty-fifth to the seventieth year, though sometimes it continues much longer, there being many recorded cases of men who up to their eightieth or even ninetieth year have full powers of intercourse, and are apparently able to beget. I have seen one man, aged seventy-eight, an observer of the laws, and apparently a lover of truth, who marrying a young woman, became in

due time the father of a child. In his eightieth year he stated that since his marriage he had performed the sexual act regularly, and noticed no difference in his power except for the fact that emission was delayed. I have also seen a child less than one year old who masturbated and apparently experienced an orgasm, or at least some form of nervous crisis."

The phenomena of erection, and its great importance as a factor to the sexual health and happiness of man, makes it a subject of special interest, and on which too much information cannot be given. We therefore quote the observations and opinions of the most experienced physicians and physiologists of the world, who have made a study of it:

"Erection results from the distension of the venous plexus with the blood. The principal exciting cause in the erection of the penis is nervous irritation originating in the part itself, or derived from the brain or spinal cord. The nervous influence is communicated to the penis by the pubic nerves, which ramify in its vascular tissue. Gunther has observed that after the division of the horse, the penis is no longer capable of erection. It affords a good example of the subjection of the circulation in an individual organ to the influence of the nerves, but the mode in which they excite a

greater influx of blood is not with certainty known. The most probable explanation is that offered by Professor Kolliker."—*Kirke*.

"Erection is caused, as I have shown, by a relaxation of the muscular elements in the trabeculæ of the cavernous and spongy bodies, and of the tunica media of the arteries of those parts, in consequence of which the tissue, like a sponge which has been compressed, expands, and becomes filled with blood. The rigidity ensues as soon as the muscles are completely relaxed and the sinuses are filled to the utmost, without there being any necessity that the return of the blood should be impeded and the circulation stopped. It ceases when the muscles again contract, the venous spaces become narrowed, and the blood is expressed from them."—

Kolliker.

"Thus, on the one hand, the glans penis endowed as it is with sensibility, and, on the other hand, the *irritable* muscular apparatus of the bulb, act and react upon one another as reciprocal exciting causes. The glans penis, when excited, reacts on the bulb which sends more and more blood—the exciting material—towards it. Each new rush of blood to the glans exalts its sensibility; the bulbo-cavernosus muscle, *irritated* in its turn, progressively accelerates its contractions, in order to satisfy the requirements of the glans, which also

increase more and more, till at last, by alternate actions, the entire apparatus reaches the highest point of excitement. At this moment a new series of secondary reflex phenomena is suddenly produced between the glans penis and the muscles which produce evacuation of the vesiculæ seminales, these muscles become excited, a spermatic ejaculation is produced, and at this point the currents of exchange cease, the special function is accomplished, and the organ, as soon as nature has gained her end, returns to its ordinary state of repose and vegetative life."

The glans penis is the principal point of reunion of the sensitive nerves of the virile organ; no other part which it regulates can be compared with it in this respect. In respect to richness in nerves, the glans penis yields to no other part of the economy, not even to the organ of sense."—*Kobelt*.

"Researches seem to demonstrate that the muscular contractions, the effect of which is to hamper the venous circulation, play a considerable part in phenomena of erection; nevertheless they do not play the principal part, and should not be considered otherwise than as auxiliaries to the act. The first phenomena observed—that by which erection commences, and without which it could not manifest itself—is the dilatation of the little arteries and veins under the influence of the vaso-motor nerves.

These are the erector nerves (*nervi erigentes*); they arise from the sciatic plexus and are distributed with the vessels on the side of the bladder and prostate, as far as the membranous and bulbous portion of the urethra, where we cease to follow them."

"The course of erection, I may add, is *from* the base of the organ *towards* the glans penis, and the progressive return to the normal condition seems to be in the opposite direction. After seminal emission the erection soon diminishes, and the return of the organ to its normal bulk occupies less time than its previous erection. The sluices of the venous blood are now suddenly opened. The elastic reactions of the immoderately distended partitions and membranes presses upon the blood in contact with them. The non-striated muscular fibres probably add to this propulsive force. The excess of blood is, therefore, returned with increased velocity from the spongy texture toward the pelvic cavity. That the erect penis should fill the vagina and distend it, seems necessary to the full excitement of the female sexual feeling.—*Acton*.

"A sensation produced either by an impression on the eye, or the touch, a dream, or a simple recollection, produces a first-reflex action, causing dilatation of the arteries of the erectile tissues. The blood suddenly diverted into these parts is

arrested in the cavernous bodies by the self-closure of these veins; it distends the *membrana albuginea* till it can contain no more blood; the contraction of the trabecular muscles further supports the membrane, and increases the general stiffness of the organ. At the same time blood is poured abundantly into the glans penis, but as it can escape without meeting with any obstacle, it produces but simple turgescence and a vague desire of pleasure. Soon, however, the repeated friction of the glans penis produces contraction of the *ischio*—and *bulbo-cavernous muscles*, in consequence of a fresh reflex action. The efferent veins supplying these parts are compressed at the same moment as the blood is pushed back from behind. The erection of the glans penis is complete, the venereal orgasm at its height, when a third reflex action acting on the *Vesiculæ seminales* produces ejaculation. Lastly, the arteries retract or tighten and the blood accumulated in the erectile tissues is impelled by the normal canals."—*Boecké*.

SEVENTH DIVISION.

THE SEMEN: THE MALE GERM OF LIFE—ITS COMPOSITION AND VALUE.

COMPOSITION OF SEMEN.—“ Pure semen is a milky fluid of a mucous consistence, and neutral or slightly alkaline reaction. The imperfectly developed spermatozoa (life germs) are composed of an albuminous substance, the quantity of which diminishes with their progress towards maturation; so that the perfectly developed semen contains no albuminous compound. On the other hand, the principal component substance of the mature spermatozoa is the same with that which is the chief constituent of epithelia, and of the horny tissues generally—namely, the ‘binoxide of protein’ of Muller. Besides this, the spermatozoa contain about four per cent. of a butter-like fat, with some phosphorus in an unoxidized state (probably combined with the fat, as in the phosphorized fats of the blood-corpuscles and of nervous matter), and about five per cent. of the phosphate of lime. The fluid portion of the secretion is a thin solution of mucus, which, in addition to the animal matter, contains chloride of sodium and small quantities of

alkaline sulphates and phosphates. The peculiar odor which the semen possesses does not appear to belong to the proper spermatic fluid, but is probably derived from one or other of the secretions with which it is mingled."

"The mode of *Evolution* of the spermatozoa is such as to indicate that these bodies are true products of the formative action of the organs in which they are found, and cannot be ranked in the same category with animalcules. They are developed in the interior of cells, or vesicles of evolution, such as are visible in the seminal fluid in various stages of production, and have been known under the head of seminal granules. These appear to have been themselves formed within parent cells, which are probably to be regarded as the epethelial cells of the tubuli seminifera, constituting, like the analogous cells of other glands, the essential elements of the spermatic apparatus. These parent cells are sometimes observed to contain but a single vesicle of evolution, but more commonly from three to seven are seen within them."

"When the vesicle is completely matured, it—bursts, and gives exit to the spermatozoa which it contained. The spermatozoa are not normally found free in the tubuli seminifera, although they may be there so far advanced in development that the addition of water liberates them by occasioning

the rupture of the envelopes. In the rete testis and vasa efferentia the spermatozoa are very commonly found lying in bundles within the parent cells, the vesicles of evolution having disappeared; and they are usually set free completely by the time that they reach the epididymis, though still frequently associated in bundles. The earlier phases are occasionally met with, however, even in the vas deferens."—*Carpenter*.

"That the essential elements of the spermatogenic fluid are the spermatozoa, may be reasonably inferred from several considerations. There are some cases in which the liquor seminis is altogether absent, so that they constitute the sole element of the semen; but they are *never wanting in the semen of animals capable of procreation*, though they are absent, or imperfectly developed, in that of hybrids which are nearly or entirely sterile. Moreover it may be considered as certain that the absolute contact of the spermatozoa with the *ovum* (female germ) is requisite for its fecundation (power of reproduction). This appears from the fact that, if the spermatozoa be carefully removed from the liquor seminis by filtration, the latter is entirely destitute of fecundating power. Hence the presence of the liquor seminis must be considered as merely incidental, and as answering some secondary purpose either

in the development or in the conveyance of the spermatozoa."—*Acton*.

"Semen, when first secreted is not the same elaborated fluid which we find in the vesicula seminales. The complete development of the spermatozoa in their full proportion of number is not achieved until the semen has reached, or has for some time lain in the vesicula seminales. Earlier after its first secretion the semen contains none of these bodies, but granules and round corpuscles (seminal corpuscles), like large nuclei enclosed within parent cells. Within each of these corpuscles or nuclei, a seminal filament is developed by a similar process in nearly all animals. Each corpuscle or nucleus is filled with granular matter; this is gradually converted into spermatozoid, which is at first coiled up, and in contact with the inner surface of the wall of the corpuscles."—*Kirke*.

"The development of the spermatozoa is, in most cases periodical, man and most of the domesticated races being the only animals in which there is a constant aptitude for procreation. The spermatogenic organs, which remain for long periods in a state of atrophy (diminished), at particular times take on an increased development, and their product is then formed in great abundance. The secretion of semen takes place slowly in the continent man—so slowly, that in fact, in many instances, I think

little or none is formed in healthy adults whose attention is not directed to sexual subjects, and who take a great deal of strong exercise. The same may be said of animals that are not allowed sexual congress."—*Carpenter*.

"With respect to the vivifying agents (the spermatozoa), the microscope shows that *specimens of semen differ much*; that in some persons it is, so to speak, *permanently immature*; and that in other instances it may be so temporarily."

"Whether the semen is secreted only as required, or is stored up, is somewhat doubtful. On the whole it seems to me, says Dr. Acton, 'after considerable investigation, it is pretty clear that the semen is stored up and elaborated in the vesicula seminales' (see anatomy in preceding pages). It is tolerably certain that the testicles do not necessarily go on continually secreting semen, but cease when there is no further occasion for their action."

"What makes this very probable, is the fact that the vas deferens is generally found empty in men who have been long removed from the society of women."

"As the semen is secreted in the testes it is, I believe, pushed forward into the vasa deferentia, and from thence is deposited in the vesiculæ seminales, and, while there, is *mixed with the secretions* of these organs, and is then ready for use at an

instant's notice. It is owing, I believe, to its previous secretion, elaboration, and storing up, that—*emission occurs under slight mental or physical causes.* If semen were not thus ready at a moment's call, much more preliminary excitement than that usually required to produce involuntary nocturnal emission, would be necessary to cause ejaculation."

The Semen—is made up of the secretions of the—testicles,—the seminal vesicles,—the prostate gland,—Cowper's gland and the urethral crypts and follicles. When first ejaculated it is a thick, gray fluid with an odor somewhat like a raw potato. It shortly becomes gelatinous, but after further exposure to the air for ten to twenty minutes becomes liquid. If allowed to stand, there settles from it a white layer of spermatozoa, above which lies a gray, translucent liquid. These two layers should, according to Ultzman, in normal semen, be of equal bulk. The spermatozoa should live from twelve to twenty-four hours after the semen has been ejaculated, provided it has been kept warm and not allowed to evaporate. In the latter case a mildly alkaline solution will often restore motion to spermatozoa that are apparently dead. When the semen is deposited in the female genitalia, spermatozoa are found living for upwards of a week. After standing for two or three days, spermatie crystals are deposited."

“THE QUANTITY OF SEMEN DISCHARGED,—as a result of one orgasm is about two drachms, though after long continence double this quantity may be ejaculated,—or, when repeated drains are made on the supply, only a few drops may appear.”

Dr. Martin.

“The quantity of semen actually emitted in each sexual act in man amounts generally, to one or two teaspoonfuls, according to whether the man has been continent or not. Of course, the whole of the emission does not consist of pure semen. The secretion as it leaves the penis is composed of a mixed heterogeneous compound,—which is described by Pittard;—“Some dilution, some addition to the volume, seems necessary in order to obtain an efficient injection of the life-giving fluid. And the quantity actually emitted by a man amounts, by all accounts, to two or three drachms. There has, therefore, been an addition somewhere. The prostate has doubtless contributed its share; the tiny glands of Cowper theirs; the urethra has added its mite of mucus, more mucus is waiting to be added in the female, and I believe that the vesicula seminales are not behind in adding a portion of their ready-formed contribution to the general stock. The spermatozoa, huddled and crowded in *countless millions* in the vas deferens, are now able to disport themselves at ease in the congenial medium,

and the number contained in a few drops of pure semen would be sufficient to people abundantly several drachms of fluid."—*Acton—Pittard*.

Influence of Semen on Vital Energy.

Certain peculiar phenomena derived from the effect of castration on the animal economy, including that of man, has produced a wide-spread impression, amounting to a theory with some, but which others believe is but an erroneous conclusion,—and what is worse, a—*serious delusion* to many, is, that semen contains within itself a peculiar vital energy, which, when it is not expended nor wasted, can be, and is, *absorbed back into the system* from which it was taken.

When all the probabilities and the facts are put together, there is nothing to warrant or base such a conclusion or theory on. This theory has just enough of the specious and the plausible in it, to make it powerfully efficient, when elaborated and exaggerated by empirics, quacks, and frauds, to work upon the imagination of their victims, to the extent of all the money they can deceive and defraud them out of.

At the best it is but a theory, and in the light of progressive physiological investigation, it is a theory that possesses more elements of speculation than of fact. There is just as much evidence and just as much sense in presuming, that if a man did not

trim or subtract anything from his beard, or from his finger-nails, that what he ordinarily removes from them would in some mysterious way if not removed, be absorbed back again into the system, as to presume that such a boomerang style of action happens with the semen.

Men have been so wrought upon by this false theory, as to induce them to swallow the semen they had wasted, in the hope and expectation that they might restore to the system the same element they had taken from it. And, indeed, it appears to be so easy to impose this delusive hope and theory upon a too credulous public, that a few years since the world was startled by a sensational announcement in the newspapers that a well-known French physician had discovered the "Elixir of Life," and this wonderful elixir proved on investigation to be, the injection of semen directly into the circulation, through the medium of the blood. There are patent nostrums in the market now whose alleged merit, is based on the same principle, which if they have any merit at all, is the effect of the drugs they may contain, and the delusion of the mind produced by the misrepresentation of the proprietors.

In support of the theory of *absorption*, special attention is directed to, and great importance placed upon the *life principle* which the semen contains; it is admitted that this life element is taken from the

general economy, and if the absorption theory is correct, it is secreted by the testes and elaborated by the male sexual genitalia; that it dallies awhile in the form of semen to see as it were, if it will be needed for reproductive purposes, and if not called upon, after a while it goes back to whence it came by the convenience of absorption; just what gland or membrane is assigned to do the absorption act has not been discovered, but that is not necessary as it can be supplied by indefinite imagination.

We know that semen is composed of a little albumen, phosphates, protein, lime, salt, butter-fat, and—the ‘life principle.’ Well, an egg contains all of that—life principle included, and it is probable that if an ordinary hen’s egg were ‘absorbed’ fresh, into the system, it would produce an effect equal to the semen of at least two men.

The ‘life principle’ is inherent to the germ of everything. It is a marvelous mystery. It is the gift of God. Science has to leave it there. The acorn contains it; the mustard-seed contains it; the infinitesimal protoplasm contains it; the ovulum of the female contains it; the semen of the male contains it; every *living* thing contains it. The giant oak transmits this principle through the acorn—the seed, the *semen* of the tree; but who would entertain for a moment the idea that the life that it gave off in the acorn would, if re-absorbed, add

any appreciable vitality, growth, or strength to the oak? Again, if nature found it necessary to provide against waste or, rather, to provide a system of a continual round of production and re-absorption of the life principle in man, how came it to adopt an exactly opposite system in the woman? There is a harmony, in the purposes and designs of nature that is never violated; and the reason no one can satisfactorily answer the question we have propounded is, because its basis is one of theory, but not of fact. The semen is *not* absorbed, except perhaps as effete matter.

Without attempting to go too deep into this subject matter, is it not more reasonable to assume that nature provides the mainspring of the whole human economy, in that *invisible* force which we designate as VITAL ENERGY? We have its analogue in organic matter, in the *invisible energy* we call electricity. Science can now tell you about many things that electricity will *do*, but at the same time it cannot tell you what electricity *is*. It is very much the same with vital energy. Just as the wires conduct electricity from a battery to all parts of the land, so the nerves act as conductors for "vital energy" to all parts of the body. The wires are visible, but the electricity is not; the nerves are visible, but the vital energy is not.

We illustrate this principle in detail, because we

desire to make it plain to even the uneducated, unthinking mind, that the *harm done* by sexual indulgence in any form—masturbation, fornication, or the excesses of the married, is not the waste of anything that is visible to the eye—*semen*, for instance, but that which is harmfully exhausted and wasted is—VITAL ENERGY, the invisible element that is so necessary to our very life—in fact it is life itself.

Now, there can be no thought, no action of the body without the assisting, the moving power of this—vital energy. When a thing has no vital energy in it, that thing is—dead. Whatever exhausts the vital energy subtracts just that much of life. When a man is full of *vigor* and he feels as if he were a very Hercules of strength, it simply means that he has a superabundance of vital energy.

There is abundant evidence that it is the design of a Beneficent Creator to supply a sufficient amount of this vital energy (vital necessity it might properly be called) to support all the normal, all the actual needs of both body and mind. But it does not appear that it is the design to supply any for WASTE; nor for use in violation of certain prohibitory laws which nature imposes. Perhaps no plainer illustration of the relation and supply, and the part that 'vital energy' plays in human

life can be made, than to liken it to a reservoir filled with water. It is then easy to see how, when it is drawn from at any one point, that the level or supply is lowered at every other point. And, if you tap the reservoir at two or more places at the same time, the exhaustion of the water will be that much greater in proportion; more than that, its loss will be felt in every nook and corner of the whole system. It is precisely the same with reference to drawing upon the fountain of 'vital energy,' that is confined within our bodies, and which permeates every part and portion of them, wherever a nerve penetrates. If we use the brain to excess, we exhaust the vital energy at that point and lower the level of supply at every other point in the body; and if we use or abuse the sexual organs so that the 'vital energy' is excessively exhausted at that point, the level and supply is correspondingly lowered at every other point! then if we begin to worry and be anxious about it, we will exhaust the supply in that way, for there is nothing that will make inroads faster into our store of vital energy or nerve force as it is sometimes called, than worry and anxiety. What a blessing it might be if this truth were impressed upon the minds of those who are daily adding to their trouble by worry and anxiety about their sexual condition.

It should be borne in mind that the loss of vital

energy is not felt, nor realized so long as the exhaustion does not exceed the supply. If the water runs into a reservoir as fast as it runs out, it is easy to see that the level of the water will not be lowered; that there will always be sufficient in store for every draft made upon it, as long as the source of supply is equal to, or exceeds the sources of exhaustion. Following this analogy, it is easily seen how that sexual indulgence is harmful, only, when it is carried on to excess. It is also plain to see why it is more harmful at one time, than it may be at some other time by the same person. And, again, why one person can indulge to a much greater extent than some other person, without feeling any more, perhaps not as much depleting effect from it. It all depends upon the amount of the supply they have to start with, the number of points they draw energy from, and more than all, whether they ever give the system any respite—*any rest*,—any chance to restore the energy that has been taken from it by over-draft.

In the treatment of nervous exhaustion that is produced by sexual abuse or excesses, the first thing to be taken into consideration by the physician is, to give the patient such advice and such medicine as will enable him to *stop the leak*, and to *rest*, to enable nature to restore that which has been taken from her. This tearing down and building-

up process never ceases even in a healthy body from birth until death. A man toils through the day with his brain or his muscle, and uses up his vital energy until he feels weary, tired, his strength is exhausted; now what is the rational thing for him to do? Should he use a stimulant that will spur him on to further work, and further exhaust his energy, or should he take nature's medicine, nature's restorative—sleep—rest. This is the great mistake that most patients who are suffering from sexual excesses make; they desire something that will enable them to keep on gratifying their passions, and they are the easy victims of any quack who correctly describes their feelings, and then with the promise of a—quick cure—and the magical effect of his remedies in producing 'enlargement' and unlimited 'vigor' for a bait, he easily catches their confidence and their—dollars, which is the object he has in view all the time.

Returning again to the question of what effect the semen has on the general economy. The advocates of the 'absorption' theory, advance the claim that the surplus that is absorbed, not only acts as a stimulant that gives buoyancy and animation to the feelings, but that a portion of it goes into the formation of those horny and hirsute appendages which are peculiar to the male gender, such as the horns of the buck deer, the beard of men, and so on.

Such evidence as that, although it is given as the reason for conversion to the absorption theory by quite an eminent investigator into sexual matters, seems hardly worth consideration or refutation. If semen is the parent of hair and of horn, in what way will we account for the hair and horn, that appears on the female gender, instancing the horns on cows, and especially the hair that appears on females at puberty the same as on males. Taking together the whole animal kingdom, the male gender always has some peculiarity that distinguishes it from the female, and it is just as much a separate and independent creation as the difference between the male and the female sexual organs is; in fact it is a part of the created difference between males and females; the semen has nothing to do with it. The phenomena that occurs from castration may reasonably be presumed to occur because the animal is unsexed, and nature recognizing the fact, declines to brand her subjects falsely.

It does not need here an argument to prove that nature creates nothing that has not a purpose, and every organ of the body has some special function designed for it to perform. The designed function of the sexual organs is to accomplish the reproduction of the species; and it is not probable that they were designed for any other purpose; the semen is a part of this functional design; it is for that one

purpose only ; nature keeps supplying it for that one purpose, although she is often, very often robbed, cheated, and thwarted in the execution of her design. It is also equally certain that the formation of semen draws heavily from the supply of vital energy.

We have said that the rapidity of the exhaustion, and the degree to which the level of the vital energy is lowered, depends largely on how many points, or in how many ways it is drawn from simultaneously. This is important to bear in mind, because it is the chief reason why sexual indulgence, and especially sexual excesses, are so remarkably productive of nervous exhaustion.

First.—There is the intense nervous excitement, which culminates in the climax—the orgasm. This tremendous excitement of the nerves is felt not only in the sexual organs, but it extends to every part of the nerve system ; it is like a cyclone, like a very furnace of fire, in its consumption and destruction of the vital nerve energy. It is agreed to by all physicians and physiologists, that the excitement of the nerves and the shock, that precedes the emission of the semen, is far more destructive to the nerve energy, than the loss of the semen itself. That is, the excitement and shock to the nervous system which happens before the semen is spent at all, is by far the most exhaustive and depleting to

nerve energy, of any agency that ever draws upon the nerves. It is the supposition of many that they can sexually excite the nerves to any degree, and if they stop just short of producing an emission of semen, that they will suffer no harm by it. This is a very wrong, and a very dangerously harmful idea to entertain or act upon. The nervous excitement that leads up to an emission, is far more harmful than the emission itself. It is the excitement and the shock, that the nerves sustain just before the emission of the semen occurs, that more than anything else produces the exhaustion and the weakened state of the nerve system, which is popularly known as 'nervous debility.'

Second.—The nerve energy is exhausted by the loss of semen. We insist that this cause of depletion, is secondary to that of the nerve shock that precedes it, still, it is a very certain cause of depletion; for, if it were not, then how can we account for the prolonged state of debility, that accompanies the wasting of semen, when there is no preceding excitement nor any shock or orgasm. Except—when the loss of semen occurs from—plethora, that is, as a sort of overflow, such as happens at night to perfectly healthy men, all other causes subtract a greater or less quantity from the supply that nature provides for reproductive purposes; and, as soon as this stock or supply is less-

ened by *any kind of sexual indulgence*, nature abhorring a vacuum, immediately begins to draw upon her vital forces to supply the deficiency. It is this effort of nature to keep the stock or supply of semen unimpaired, and the vital energy that is expended in the formation of new semen to take the place of that which has been spent, constitutes the method or way in which the supply of nerve energy is drawn upon, or as we have stated before, it is the second of a *combination of causes* that makes sexual indulgence, whether it be in the form of the proper use, or of the unnatural abuse of sexual privileges, lower the level of the vital energy throughout the whole economy. This is a point that should not be lost sight of; these drafts upon the nerve energy, is something that does not merely effect harm to the sexual organs, and sexual functions; oh no! it is not so local and so limited as that; its effect is felt in every other vital organ of the body—the brain, the heart, every part of the vital economy, wherever the nervous system extends, feels the loss of this vital force or energy, and all of them suffer by it.

The Third,—of the combination of causes that makes excessive sexual indulgence so distressing in its effect is,—*Anxiety—Fear*: It is true that anxiety and fear, are not part of the primary cause; they are not a part of the sexual act, and they are

not a part of every case even, that suffers from sexual excesses; but they are a part of the great majority of cases, especially those cases that are the result of masturbation.

There is no cause that is more absolutely certain to exhaust vital energy and break down the nerve-power than—*anxiety*. This is true in effect, whether the anxiety is about sexual matters, or about anything else. Witness the thousands of people who become depressed, melancholy, and finally insane, all from their anxiety about something. Why cannot people who are so greatly troubled over the loss of a little semen, observe that there are other causes that have nothing whatever to do with sexual matters, and in which no semen is spent at all, and yet precisely the same state of feeling they suffer from is experienced. Anxiety alone, without the nervous excitement and shock that precedes the emission of semen, and without the loss of any semen, will nevertheless produce all of those peculiar feelings, all of the weakness, all of the depression, and all of the terror that is commonly assigned to, or actually experienced, by masturbators and others who suffer from sexual excesses.

Every physician knows that the train of evil consequences that follow and are the result of masturbation or sexual excess in some form, can be much more quickly overcome and cured when his patient

is not *morbidly anxious* about his condition. The patient has a guilty conscience to start with, then at some time he experiences an involuntary emission that is common to men in the best of sexual health, or at some other time or occasion he observes a little mucus exuding from the penis, and he jumps to the conclusion that it is semen; thus *anxiety is started*. He has not the courage to consult an honorable physician about it and learn the truth, but decides to answer one or more of those lurid, disgusting advertisements that disgrace the newspapers.

In due time the patient receives a little pamphlet or circular-letter which is couched in very confidential and friendly, sympathetic words of advice, which appears to fit his case exactly. For skillful lying and exaggeration these advertising sharps (who to gain the confidence of their victims often claim to have been sufferers themselves) have no equals from the days of Ananias down to date. The whole tale that they tell is a gross and wicked exaggeration of some of the common things that pertain to the sexual organs, which deceives their victim, as it is intended to do, by being mixed with descriptions of conditions that are common to all men. For instance, we have seen statements where they claimed that the clear, transparent fluid that often appears at the meatus, after the mind has

been occupied with sexual thoughts, is semen. [Elsewhere we inform the reader just what this fluid actually is.] Then they go on to state that semen is of forty times the strength and value of blood, and a lot more of equally false, alarming exaggerations. The whole scheme is to work the sufferer's mind up to the extreme of fear and anxiety about his sexual condition, and then, with the promise of a—quick cure, the game is complete.

One of their favorite methods of deception to inspire confidence is to request the patient to send them some of his urine, under the pretense that they will analyze it and give his case their special attention, and special treatment. In the majority of these so-called 'Institutions' the bottle of urine, which the patient so carefully forwards in accordance with their instructions, on its arrival is tossed into the garbage without any analysis or examination whatever. But in due time a made-up report (which is the same for all of their victims) is forwarded, describing how desperate his case is, and how fortunate he is to have fallen into their hands, for rescue and cure.

It is needless to say that the 'quick cure' that is promised is never realized, but through the same skillful lying and pretenses, which they are so accomplished in, those who deal with them are never lost sight of so long as they have a dollar to part

with. The patient is finally left in a state of anxiety and despondency, and filled with false notions as to what his actual condition is.

It is in this deplorable condition that the case perhaps finally comes under the physician's attention and care. We say 'perhaps,' for it often happens that the patient's confidence has been so trifled with and abused that he lives on in a wretched state of physical and mental depression, and despondingly considers his case so bad and hopeless, he has not the faith and courage to try again, even if he has the means.

Here, then, in the ordinary case as it is presented to the physician's attention, we have a—combination of three—powerful neuro-depressants: 1st—the excitement and shock previous to emission. 2d—the restoration of the semen that is spent. 3d—and lastly, the worry and anxiety, any one of which is capable and sufficient to bring about a very serious condition of the nervous system.

The first thing necessary for the physician to do is to rid the patient's mind of the false theories he has acquired as to his sexual condition. This is usually not so easily accomplished as may be imagined. The patient has brooded over his case by night and by day, for months perhaps for years, and he has come to have such fixed notions about it, false though they may be, and probably

are, he is more ready to accept his own views about his condition, than he is to accept with any degree of confidence the statement and advice that he receives from the physician. His mind is full of anxiety as to the size and weakened condition of his sexual organs, he has false and exaggerated notions about semen and night emissions, and he has come to the conclusion that his case is an unusually bad one; that he is probably the only man in the whole community who has any sexual troubles, and he stands in dread and fear that any one will find it out.

He has been told by the lying impostors that every man and woman that he meets will suspect his condition, and he believes that; the physician has hard work to convince him that if even such were the case, it would be more from noticing his strange, shame-faced fear, than from any peculiarity he has otherwise. If the physician assures him that his case is no worse than thousands of others that have been cured by proper treatment, and that one of the worst features of it is his mental anxiety, he hears the statement with no confidence, but considers it as a sort of sophisticated subterfuge to deceive him, and to get rid of him.

Then again, he makes up his mind that the physician may be honest, but that such cases as his are so rare the 'doctor' has no experience with them,

and therefore, is not competent to treat him—don't even know what he is talking about; he remembers that he has been told that ordinary all-around doctors have almost no experience in such cases, and he has an idea that he knows as much if not more than the doctor does about it. If the doctor appears to consider his case any less serious than he himself considers it, instead of rejoicing at the good news, it only convinces him as proof that the doctor is not competent to judge. Finally he has long since come to the conclusion that his case is about the worst, if not the worst one on record, and is entirely beyond the reach of medicine or cure, and he appears before the doctor more from a sense of desperation, than from any hope or confidence in being cured.

Now what is a conscientious physician to do with such a case as we have described? Every physician that reads this knows that such cases are common enough; he also knows that unless he can gain the confidence and submission of his patient, and can first remove the fallacies and errors regarding his sexual condition from his mind, that all the medicine in the world will do him no good.

In the first place he should try to discover just what the condition of the patient's mind is about his case, and also what his temperament is, and just what errors he has been led into; for, it may

be taken for granted that he has read the literature if nothing more, of the advertising impostors. After hearing the history of the case, he may if he deems it necessary, request an examination of the sexual organs; but this should not be insisted upon at the first interview, at least if the patient is sensitive about it, unless the physician has reason to suspect that a stricture, or some local irritation is the cause of the trouble. The size of the sexual organs is of no particular importance, as it varies so much in healthy subjects, it is no criterion to go by in diagnosing the case. The condition that the sexual organs are in, is however, of great importance. The 'atrophy' is by no means of so much importance as the 'atonic' condition.

Having procured a history of the case, the next step is to gain the patient's confidence if possible; if the patient is sensible and intelligent, and is not already a monomaniac on the subject, this can readily be done; but, as stated before, if his mind has been filled with false and erroneous theories, and he has thought about them, and accepted them until they have become a part of his nature, as it were, in that case, such a thing as changing his mind, or gaining his confidence will be something more difficult; and, if he does not appear tractable, but is inclined to be egotistical or obstinate in his views, it is probably best not to set up too much

opposition at first, but to some extent let him have his own way about it. One thing is certain, that so long as a patient's mind is filled with such false theories, and, so long as he is morbidly anxious about his sexual condition he will never be cured. The state of his mind alone, if nothing else were the matter with him, would continually keep up the neurasthenia, and that, reacting as it does on the sexual system would prevent any permanent improvement.

The physician cannot take too much pains in explaining and impressing on the patient's mind that the loss of semen is not the only, nor in fact the chief cause, of his sexual condition, or of his mental trouble. It should be explained to him that while semen is of importance, it is not of such importance as he (the patient) is placing upon it. It should be explained to him that if he spent no semen at all, still the nerve excitement and the shock that accompanies sexual indulgence, together with the remorse and anxiety that usually follow sexual excesses, are of themselves sufficient to produce all the weakness and all the troubles, both of body and mind, that he is suffering from. The fact might be pointed out to him as a means of proof, that women who practice masturbation, or who indulge in any form of sexual excess, bring upon themselves the same class of nervous troubles as do

men, although they expend no semen. There is this difference, however, in the case of women, and it is in their favor: they do not have the *visible causes* to worry about that the men have, such as the semen bug-a-boo, the impotence, and the atrophy of the organs, and whatever anxiety they may have about it, is more in the nature of remorse, the promptings of a guilty conscience. No man should, however, envy women for their exemption from a part of the things that trouble him relating to sexual matters, for surely they have enough sexual troubles that are peculiar to themselves.

“In man,” says *Kolliker*, “the capability of producing semen, assuredly, always exists; although it does not appear to me to follow from this that *semen* is being continually formed, and that what is not emitted undergoes absorption; and consequently it seems justifiable to suppose that the seminal tubes secrete semen, *only* when the secretion has been partially evacuated externally, either in consequence of sexual congress or of seminal emissions—and an excitement of the nervous system has caused an increased flow of blood to the testis. There are no certain facts in favor of an absorption of the semen when formed, which could take place only in the vasa deferentia and vesicula seminales; for what is absorbed in animals after the rutting season is over, has no reference to this point; and the very cir-

cumstance that in the situation above mentioned no traces of the disintegration of the semen are ever found, appears to be very much opposed to such a supposition. At the same time, however, it is, perhaps, unquestionable that, without seminal evacuations, a formation of semen may be possible, for it is sufficiently established that a rich, heating diet, and an *unsatisfied sexual excitement*, often produce a turgescence of these organs, attended with painful sensations, and most probably with a formation of semen. The subsequent removal of this fullness does not, however, appear to me incontestably to prove any absorption; because a difference in the quantity of blood in the testes, and the passing of the semen into the vasa deferentia, are sufficient to account for the restoration of the usual condition."—*Kolliker*.

Dr. William A. Hammond—a physician having the largest experience, and considered one of the highest authorities on nervous and sexual diseases, in his book on '*Sexual Impotence*' expresses an opinion based on his own observations of several thousand cases, as to the value and influence of semen, as follows:

"But it is not only, as is generally supposed, to the loss of semen that the injurious effects of masturbation or of sexual indulgence are to be attributed. This is undoubtedly of some influence, but it is not,

I think, the chief factor in causing impotence or other disturbance of the healthy condition of the system. *The frequent production of the orgasm* is of much more consequence, and it is to this cause that the various derangements of the nervous system, as well as weakness of the virile power, or its entire loss, are mainly to be ascribed. An idea is extremely prevalent that the loss of a few drops of seminal fluid causes more weakness of the system than the abstraction of a pint of blood—nothing could be more absurd. The seminal fluid is not secreted with any degree of rapidity, and if the orgasm be produced several times in the course of a brief period, it is after the second or third time at furthest, unaccompanied with any emission of true semen. A patient of mine had intercourse eleven times during a period of less than eight hours. The first three times were accompanied by emissions, but the last eight were entirely free from any discharge, though the orgasm was complete in each. Shortly after the eleventh time he had an epileptic fit, and became permanently impotent, never again experiencing an erection.”

“Another case, that of a young man, during an orgie at a house of prostitution, masturbated nine times in the course of about an hour. The first three times there were emissions, the fourth time only a little thin fluid escaped. The other five times the

orgasm was experienced, unaccompanied by the slightest discharge of any kind. The next morning he had incontinence of urine, and subsequently locomotor ataxia was developed. The penis was completely paralyzed."

"These cases are sufficient to show that the evil effects of excess are not due to seminal loss, which in neither of the instances could have exceeded one or two teaspoonfuls in quantity. Moreover, the masturbation of boys, before the age of puberty, is unattended by the emission of semen, and yet the injury to the system is greater at this period than any other. Then again,—in women, the evil results of masturbation are fully as great as they are in men, and with them it is the orgasm alone that can do any damage, as there is no seminal discharge. Swediaur,—cites the case of a woman under his care who suffered from frequent venereal orgasms in her sleep, and who in consequence became affected with *tabes dorsalis*."

"There are several conditions which may be induced by the immediate action of the orgasm, which are in fact continuations of it, and which *can in no sense be ascribed to the loss of semen*. For the semen is as much out of the system when in the vesicula seminales, as the urine is out of the blood when in the bladder. The mere discharge of this from one receptacle to another cannot pro-

duce any effect upon the organism; *the deleterious results* being caused by the demand for the *secretion of repeated quantities of semen*, and *not by the emission of a collection already secreted*. When, therefore, we see, in addition to epilepsy, cerebral hemorrhage, chorea, insanity, neuralgia, and certain forms of spinal paralysis following the orgasm immediately, and, indeed, sometimes supervening synchronously (same time) with it, we cannot doubt its influence over the mind and body, or fail to perceive that its too frequent repetition must indubitably lead to grave disturbances of one or the other or both."

"When we call to mind the immense disturbance of the nervous system consequent upon the development of the sexual orgasm, the mental vertigo, the muscular convulsion, the cardiac and respiratory (heart and lung) excitement, the resemblance which all the phenomena have to those of an epileptic paroxysm, into which they not infrequently pass by an almost imperceptible gradation, we can understand how the too frequent repetition of the sexual orgasm must lead not only to the extinction of the natural desire and power, but to a long train of other disorders of much greater importance to the life, health and happiness of the individual."

"The idea of ascribing all these deleterious results to the loss of a few drops of seminal fluid is

absurd. They would take place equally certainly, and probably with almost equal severity, if there were no seminal fluid at all; and, indeed, in some extreme cases of masturbation there is no seminal secretion, in the true sense of the term, and yet the process of mental and physical decay goes on with even more sureness than in the early days of the victim's practice of the vice."—*Hammond*.

EIGHTH DIVISION.

IMPOTENCE—ABSENCE OF DESIRE—INABILITY TO
PERFORM THE SEXUAL ACT.

“PROBABLY more unhappiness is caused by sexual impotence than by any other disease that afflicts mankind. * * * Impotence relates altogether to the act of intercourse, and therefore differs from sterility, with which, however, it is often confounded—the latter referring only to the inability to beget offspring. A man may be impotent without being sterile, and sterile without being impotent.”—*Dr. Hammond*.

“The term *Impotence* implies a lack of ability to perform the sexual act. It may be partial or complete. Impotence is not necessarily associated with sterility, nor on the contrary does sterility always imply even a moderate degree of impotence. Thus many patients who have suffered from a double obliterating epididymitis, and in whose seminal discharge no spermatozoa are found, are potent to a high degree; while some patients in whom the power of erection is totally lost, may be able to discharge semen swarming with apparently healthy spermatozoa. Impotence in the male may be due to congenital or acquired deformity, or to absent or deficient erection. The majority of impotent patients suffer from imperfect erection.”—*Dr. Martin.*

“**Impotence**—is the term commonly applied to a state of inability to consummate marriage, and to all those morbid conditions in man that are opposed to the physiological union of the two sexes, that is, coition. Such inability is most commonly due to some derangement or deficiency of either the erectile or the emitting forces.”

“The forms that impotence assumes are various, though the result is the same in all cases, namely, inability to perform the sexual act. Thus a man may be utterly impotent whether he has or has not erection attendant on desire—again there may be only partial erection, lasting an insufficient time for

penetration—or the erection may be so weak, or the emission so quick, as practically to render the man impotent—or a man may be impotent from the emission not taking place at all—or emission may not occur until some time after connection has been attempted. Aptness for and desire for coition is the invariable natural condition of every young and healthy adult. Impotence is the term applied to the absence of this condition, whether temporary or permanent.”

“Considering the important issues dependent on the presence or absence of virile power, it might be expected that the term indicating its absence would be the subject of very careful scientific analysis and exact definition. Strange to say, this is so far from being the case that I believe I may safely say that there is no term in the whole medical repertory more loosely used. In the term impotence, as ordinarily used, there are included disorders of the most opposite character. It is applied alike to cases of physical malformation, which preclude all possibility of intercourse, and to the various morbid conditions in man or woman which are opposed, without any apparent malformation, to the physiological union of the two sexes; in other words, general inability to consummate marriage, no matter from what cause, is loosely termed impotence. The careless application of this term to various

states differing widely from each other, both in their origin and general characteristics, has given rise to great confusion of ideas."—*Dr. Acton*.

"In losing before the usual age the generative function, man loses the consciousness of the dignity of his essential character, because he feels himself fallen in importance in relation to his species. In consequence, the loss of virile power produces an effect more overpowering than that of honors, fortunes, friends, or relatives; even the loss of liberty is as nothing compared to this internal and continual torture. Those who suffer from injustice or misfortune can accuse their enemies, society, chance, etc., and invent or retain the consciousness of not having deserved their lot; they have, moreover, the consolation of being able to complain, and the certainty of sympathy. But the impotent man feels that he can make a confidant of no one, and that he can expect sympathy from no one. His misery is of a sort which cannot even inspire pity, and his greatest anxiety is lest any should penetrate his dismal secret."—*Lallemand*.

This description of Lallemand's, is considered by modern writers as being an exaggeration of the case, which advertising alarmists make the most of. Nevertheless, it probably does describe a few morbid cases, who keep their minds so continually on the subject, that it depresses their vital energy

and makes their sexual condition very much worse than it otherwise would be.

As before stated, there are a variety of forms of impotence, which may be classed under four heads—

I. Absence of sexual desire.

II. Absence of the power of erection and intromission.

III. Absence of the power of transmitting the seminal fluid into the female genitalia.

IV. Absence of the ability to experience pleasure in the act of copulation.

Absence of Sexual Desire :—“ This condition may arise from a variety of causes. We find, for instance, that some men reach adult age without having experienced any sexual desire at all. That complete sexual quiescence which we have noticed as being the proper condition of childhood continues in such cases during the period of youth, extending even into adult age. In some it is only at an abnormally late period that the natural sexual desire commences; this delay in the development of the reproductive powers gives rise to a variety of surmises, but curiously enough the subject of the deficiency may be the last person surprised in the delay of the appearance of sexual feeling, and it is often only accidentally that a medical man is consulted about it at all.”

“ I shall be told, and no doubt with some truth,

that this continued sexual quiescence is a perfectly abnormal state of things; it is nevertheless one with which I am very familiar, and is far more frequently met with than is generally supposed. It occurs principally where the intellectual powers have been highly cultivated, or where the body has been subjected to strong and constant physical exertion. I have met with it alike in the very delicate and in the very robust. Fat youths and stout young men often exhibit this peculiarity."

"A large class of men commonly supposed to be nervous, bashful or timid, are in fact sufferers from this absence of sexual feeling, which may be due, perhaps, to their having been brought up in retired country places without any female companions. They can hardly be said to have lost that of which they never had experience, or to have failed to exercise powers of whose very existence they are unconscious. Failure implies in the very term, unsuccessful effort, and how can this be predicated of persons who have made no attempt at all? It would be obviously erroneous to conclude without further evidence that any individual of this class is in fact impotent, when all that can be said of him is that his life has been perfectly chaste, and undisturbed by the usual virile phenomena."

"The second form of sexual indifference—temporary absence of desire, namely, when desire once

experienced has been lost, may now be noticed. It is a kind of temporary impotence proceeding from an easily assigned cause, which nevertheless often creates much anxiety. The man who has previously experienced all the sexual desire common to his age, all at once, during some strenuous and long-continued mental exertion, finds all his sexual feelings annihilated. It is undoubtedly true that such men are temporarily impotent. Nature has wisely ordained that the secretion of the testes may be temporarily arrested. Whenever the brain is overtaxed, or any prolonged muscular exertion is taken, sexual desire may for the time cease; but it is quite certain that if the reproductive organs are healthy and have not been abused, sexual feelings and increased power will return as soon as the overtaxed brain or muscles are allowed to regain their normal condition."

"SEXUAL INDIFFERENCE OF MARRIED MEN—sometimes produces the greatest alarm, and well it may; because if instead of being properly treated, it be allowed to continue, it may lead to domestic differences, and even induce the wife to appeal to the Divorce Court for an order to annul the marriage. The disposing causes are: Men who gain their bread by the sweat of their brows or the exhausting labor of their brains cannot always be ready to perform the sexual act. During certain

periods, when occupied with other matters, a man's thoughts may dwell but little on sexual subjects, and no disposition exist to indulge in anything but the favorite or absorbing pursuit, mental or physical, as the case may be. After a lapse of time, which varies in different individuals, sexual thoughts recur, and the man who yesterday was so indifferent to sexual feelings as practically to be temporarily impotent, now becomes ardent and sexually disposed, remaining so until the necessary and, in fact, healthy lethargy of the organs, consequent upon the performance of the act, has supervened."

"This quiescent condition is much more persistent in some married men than in others. There are persons (married as well as single) who only at very infrequent intervals feel any disposition for sexual intercourse, just as there are others who never feel any desire at all. Again, there are *lethargic* men who, unless aroused, will hardly do anything. It requires an effort for some men to eat. There is in some of these cases undoubtedly great sexual debility. Again, the habitual drinker of stimulants cares little for sexual enjoyment. I am quite certain that some excessive smokers, if very young, never acquire, and if older, rapidly lose any keen desire for connection. The pleasures of the table so monopolize many a man's thoughts that he is indifferent to all other indulgences. In

all the above cases the sexual feelings occupy but a secondary position, and offer a strong contrast to that tyrannous mastery from which the thorough voluptuary suffers. In the more advanced stages of this quiescent condition, it is often difficult to say whether the sexual organization was originally weak, whether the other tastes have overpowered the sexual appetite, or whether the individual has not early in life abused his generative faculty."

"HERNIA AND TRUSSES:—Having given considerable attention to the effect of wearing a truss and its interference with the sexual organs, I now state confidently, that trusses often do most seriously interfere with the reproductive powers, and in a way that truss-makers might easily obviate. The object of mechanicians being solely to keep the hernia in place, the penis or testes are often so carelessly thrust aside or pressed upon, that their functions are seriously interfered with. When a case of this kind comes under my care, I attempt, with great caution, to reduce the size of the truss. It is remarkable how often this can be effected with safety. I find that not only are the sexual powers often recovered when the pressure is thus relieved, but that the penis, when it is no longer thrust aside, regains its normal size where that had diminished."

"It should be recollected that they are other

causes producing indifference to the opposite sex, and deficiency in manly vigor. The most common of such causes is the wretched habit of masturbation. A youth who masturbates, and continues the habit until he grows up to manhood, may evince, even after he has arrived at the marriageable age, no disposition toward the other sex. The patient now finds that only his own solitary pleasure can give him any gratification; as far as women are concerned he is virtually impotent."—*Dr. Acton.*

"SOLITARY VICE:—Has a tendency to separate those practicing it from women. At first, of course, it is on the sex that their thoughts dwell, and they embellish an ideal being with all the charms of imaginary perfection; the habit, however, which enslaves them little by little, changes and depraves the nature of their ideas, and at last leaves nothing but indifference for the reality, of which the image has been so constantly evoked to aid their criminal indulgence. At a later period, when erection is only temporary and is too incomplete for them to think of sexual intercourse, they abandon themselves with fury to their fatal habit, notwithstanding the almost complete flaccidity in which the erectile tissues are left. At this period, the handsomest woman only inspires these patients with repugnance and disgust; and they ultimately acquire an instinctive aversion for the sex. They dare not

always let their feelings on this subject escape them, for fear of their shameful practice being suspected, or the humiliating condition to which they are reduced being discovered.”—*Lallemand*.

“That there are persons in apparent good health who have never experienced sexual desires is undoubted, though the number of such persons is exceedingly small. It has been said that Sir Isaac Newton never had sexual intercourse, and the fact has been brought forward as an illustration of the point in question, but I think unwarrantably. In all my experience but two cases of the kind have come under my observation.”

“There are various circumstances which exert an influence in abolishing the natural sexual desire of the individual. Among these is MENTAL PREOCCUPATION. It is well known that when the mind is intensely engaged with engrossing subjects of a character foreign to the animal passions, venereal excitement is not experienced. Every man is, more or less, familiar with this fact from his own experience, and in the majority of cases the impotence thus induced is of a temporary character—the desire returning with the cessation of the mental preoccupation. But, in some instances, the mind is so continuously absorbed with other thoughts and emotions that the sexual appetite is altogether abolished, and does not return even if there be periods

of intellectual or emotional relaxation. In the case of Sir Isaac Newton, perhaps it would be going too far to say that he never experienced the desire; but, occupied as his mind was with subjects that required the most severe and continuous thought, it is quite probable that from this cause he was practically incapable of copulation. The mere diversion of the mind, even for an instant, is sufficient, as Sterne has ludicrously reminded us, to render a man temporarily sexually impotent. Of this temporary impotence from a sudden cessation of desire by the thoughts being suddenly diverted into another channel during the act of intercourse, several cases have come under my observation."

"A gentleman, a married man, and the picture of robust health, consulted me for a trouble of the kind under which he labored. He had been recently married and was much attached to his wife, but for a year past whenever he attempted sexual intercourse some thought, often of a ludicrous character, would take possession of his mind, and extinguish all desire at the very moment that the orgasm was beginning. At once the penis became flaccid and the act remained unaccomplished. Repeated failures and disappointments had created a great deal of mental disturbance. He had become low-spirited almost to the point of melancholia, and had several times entertained thoughts of suicide."

“In another case the patient, a young man, whose mind was severely taxed by the nature of his occupation, which was that of a professional gambler, experienced when his nightly work was over, strong sexual desire which he was unable to gratify, for in the act of intercourse some technical matter connected with his business was sure to come up in his mind with the effect of extinguishing all desire and with it all power. In both these cases and in others that have come within the range of my personal experience, I found that the subjects were extremely impressionable individuals, and that the first occurrence of the kind, which in most other persons would have made no lasting impression on the mind, produced within them such an effect that at the next attempt at intercourse the fear was excited that a repetition of the disturbance would ensue, and as a consequence the apprehension was realized. After that, on every similar attempt, there was a like fear that some thought would obtrude itself, and owing to the exercise of the principle of “expectant attention” the thing upon which the mind was concentrated and which was so greatly feared, occurred with painful punctuality. *It is an essential feature to the due performance of sexual intercourse that the man should have confidence in himself.* If this is weakened, and still more if it is destroyed, *disappointment is sure to*

result, and a condition of impotence is established."

"In the treatment of cases of this nature, it is necessary in the first place to rid the patient of his apprehension, so that he will make the attempt without experiencing the slightest fear that anything is going to occur to interrupt the normal performance of the act. The only way with which I am acquainted by which this can be done is for the patient to abstain absolutely from all attempts for several months. By this course the appetite usually becomes so strong in a man otherwise vigorous, that the desire overrides all possible fears, and when ONCE this result can be attained, there is *no longer any danger of a recurrence of the trouble.*"

"Both of these cases were advised to remove themselves from temptation for a period of three months, no matter what the inconvenience might be, and under no circumstances to attempt intercourse, not even to the extent of a test trial. I expected by this course to break up the habit into which the brain had fallen of associating incongruous ideas with the act of intercourse, as well as to allow the centre for the sexual appetite, to acquire by repose, increased strength. The treatment was so perfectly successful with both subjects that there was not the least difficulty when the period of probation had expired."

“Business Extinguishes Sexual Desire.—There is a good deal of sexual indifference, and consequently of impotence, existing among men whose whole heart and soul are in exciting business occupations that require all their mental energy, and consequently leave nothing for the mere animal passions. Such individuals have no pleasure in life beyond those connected with the acquisition of wealth. Society, the dining table, the card table, the theatre, the church, literature, amusements, good or bad, never allure them. If they are married they go to bed to sleep, if they can, for they are *exhausted with the anxieties of the day*. If unmarried they return at evening to their solitary apartments, to study the markets and devise new combinations. Sexual intercourse is a matter of utter indifference; *their desires are extinguished*.” (Note how Dr. Hammond's views corroborates what has been said on preceding pages about ‘anxiety’ and business cares, exhausting the vital energy, and diverting it from sexual channels.

“It is rarely the case that the physician is consulted by such people till, having accomplished their business objects, or failed in them, they find not only that they have no desire, but that it is impossible to re-arouse the sexual appetite. While it is true in other things, that a man does not regret the loss of that which he does not value, it is

very different as regards sexual matters. And, though a person such as that referred to, cares nothing for his virile power, as such, there are secondary considerations which he feels he cannot disregard. Among these is the fear that in losing his sexual appetite that he is laying the groundwork for future paralysis; even if the loss be not one of the early signs of the approach of that disease; the desire for offspring to whom he may transmit his wealth, and if single the wish for the comforts of a home and the society of some cultivated, refined woman."

"The treatment of such cases must be mainly moral and hygienic. When possible nothing can be better than the entire cessation from business pursuits and entire change of the field of the mind's action. Nerve tonics taken in small doses for a long time will be of service."

"Desire Extinguished by Masturbation.—Abnormal sexual appetite and a condition of impotence are induced by masturbation, when carried to excess, and this altogether independently of the loss of power which in such cases eventually ensues. The imagination is always a more potent exciter of the sexual desire than the physiological incentive supplied by nature. The masturbator relies on the fertility and extravagance of the lewd images presented to his mind for the increase of

the pleasure derived from his act, and frequently he adds to the vividness by reading obscene books or looking at filthy pictures. As he goes on he finds, in obedience to a law of the organism, that gradually the visions that once sufficed to produce the requisite venereal excitement have lost their power, just as some strongly savored substance would, if eaten for a long time, fail to produce pleasant sensations to the palate. Still more libidinous and unnatural representations are conceived by his mind and brought before his mental vision, and so on, till at last, should he attempt sexual intercourse, he finds that the reality is so much less than his imagination had led him to believe, that it is incapable of sufficiently arousing his appetite. He is, in fact, *impotent to women*. He no longer desires intercourse, but abandons himself to his fatal habit, knowing the almost limitless resources of his imagination in providing excitations to his desires. Such persons shunning the society of women, become often true misogynists, and suffer an entire extinction of the sexual feeling."

"Such cases are to be discriminated from those, much more common, in which there is a loss of the power of erection, a condition which is sooner or later the consequence of continued masturbatory excesses. The one is altogether a mental, the other

a physical phenomenon, though very often both states exist in the same individual."

"As a means of reawakening sexual desire, my professional experience is that the society of respectable women is ultimately more efficacious than that of loose women and prostitutes. In cases of the simple loss of desire, the power is not materially affected; it is the inclination alone that is wanting, just as a man may possess good digestive powers, and yet have no appetite. Now, the sexual feeling is much more apt to be provoked by a woman impossible to be obtained without marriage, than by one who can be had for the asking, or for a sum of money. The appetite like that for the good things of the table, is whetted by the difficulties that are in the way, and hence the object is obtained by natural means under the regulations which law and social life impose. Of course there are cases for whom it is impossible to recommend the society of virtuous women. They are altogether too infamous in habits and principles for the physician to think of subjecting decent women to their companionship. But there are others to whom this stigma is not applicable, and who, but for the refuge which the society of virtuous women is capable of affording, and the prospect held out of making a marriage, would either go over to prostitutes, or ruin

themselves with masturbation, or other irregular sexual practices."—*Dr. Hammond.*

“Absence of Sexual Desire in Females.—Want of sympathy or want of sexual feeling on the woman's part, is not an infrequent cause of apathy, indifference or frigidity on the part of the husband, and is not an uncommon cause of apparent or temporary impotence in the male. With many men, to arouse their utmost capability of vigor, and in others to even a moderate degree, there must be a reciprocity of sexual desire and feeling manifested by the woman. Not a few women, from a natural feeling of modesty, indifference, or lack of sexual feeling, take an entirely passive part in sexual intercourse. The effect of this passiveness in some cases is very beneficial, as it acts as a sort of balancing power, having a tendency to correct the too violent amatory propensities of the husband, and to prevent over-indulgence. In other cases, however, its effect is so negative to sexual love or passion that it works much more harm than the parties interested realize or assign to it. Without the manifested reciprocity of feeling in the woman, it makes the man's act akin to that of masturbation; his failure to awaken any responsive feeling in his partner quickly diverts his mind from the business in hand, and changes the nature of his passion from the fervor of love to one of

either fear or disgust before the act is consummated, and this in turn acts immediately on his erectile power, causing temporarily partial or complete impotence, and the act ends in a failure that is unsatisfactory to both parties."

And it does not end there. Many a train of conjugal infelicity starts from that very point, and terminates in disastrous liaisons with parties whose temperament and passions are more compatible. It is undoubtedly true, that from the lack of manifested passion, either real or simulated, many a woman loses through passiveness, that which all the jealousy in the world will not restore. It is often a source of speculation and mystery why a man will abandon the embraces of a pure, good, and to outward appearance attractive and faithful wife, for those of a woman who is not only degraded in morals, but is also, to the casual observer, apparently much inferior in physical attractions and every other respect. There is but one solution of this mystery, the woman is more reciprocal to his passions. So long as "men will make fools of themselves" this will continue. There is a trick in the business of women who allure men from the path of virtue, that might be elevated to an art, by the honest and faithful wife. It is the,—simulation—of passion when it is not felt. The ethics of this advice, may be considered by some as

not being that of a highly refined moral sentiment, but it should be remembered, that the business and purpose of this book do not deal in sentiment, but are confined to physiological facts, from a medical point of view.

Incompatibility of the sexual instinct or passion is the primary initial cause of a long line of the gravest crimes that the courts that execute the laws made by organized society have to deal with. Abandonment, adultery, divorce, even murder is not infrequently traceable to this cause. Just as abnormally great sexual passion in women may contribute to the impotence of men, by inducing over-indulgence and excesses that waste the vital energy, so also, abnormal passiveness on the part of the woman either previous to, or during intercourse, has a direct and powerful influence that contributes to the impotence in the man. It also generally defeats her from arriving to the climax of the orgasm, and therefore, to her the sexual act is more that of a tolerated nuisance and burden, than one of pleasure.

“ I have (says Dr. Acton) taken pains to obtain and compare abundant evidence on this subject, and the result of my inquiries I may briefly epitomize as follows: ‘ I should say that the majority of women (happily for society) are not very much troubled with sexual feelings of any kind. What

men are habitually, women are only exceptionally. It is too true, I admit, as the divorce court shows, that there are some few women who have sexual desires so strong that they surpass those of men, and shock public feeling by their consequences. I admit of course, the existence of sexual excitement terminating even in nymphomania, a form of insanity that those accustomed to visit lunatic asylums must be fully conversant with; but with these sad exceptions, there can be no doubt that sexual feeling in the female is in the majority of cases in abeyance, and that it requires positive and considerable excitement to be roused at all; and even if roused, it is very moderate compared with that of the male. Many persons, and particularly young men, form their ideas of women's sensuous feeling from what they notice early in life among low and immoral women."

"There is always a certain number of females, who, though not ostensibly in the ranks of prostitutes, make a kind of a trade of a pretty face. They are fond of admiration, and any susceptible boy is easily led to believe, whether he is altogether overcome by the syren or not, that she, and therefore all women, must have at least as strong passions as himself. Such women, as well as those who for business purposes simulate a feeling they do not have, give a very false idea of the condition of fe-

male sexual feeling in general. It is from erroneous notions formed in this way, that so many unmarried men imagine that the marital duties that they will have to undertake are beyond their exhausted strength, and from this reason dread and avoid marriage."

"Married men—medical men—or married women themselves would, if appealed to, tell a very different tale, and vindicate female nature from the vile aspersions cast on it by the abandoned conduct and ungoverned lust of a few of its worst examples."

"I am ready to maintain that there are many females who never feel any sexual excitement whatever. Others, again, immediately after each period do become, to a limited degree, capable of experiencing it; but this capacity is often temporary, and may entirely cease until the next menstrual period. Many of the best mothers, wives, and managers of households, know little of or are careless about sexual indulgences. Love of home, of children, and of domestic duties, are the only passions they feel."

"As a general rule, a modest woman seldom desires any sexual gratification for herself. She submits to her husband's embraces, but principally to gratify him; and, were it not for the desire of maternity, would far rather be relieved from his attentions. No nervous or feeble young man need,

therefore, be deterred from marriage by any exaggerated notions of the arduous duties required from him. Let him be well assured, on my authority, backed by the opinion of many others, that the married woman has no desire to be placed on the footing of a mistress. One instance may better illustrate the real state of the case than much description,"

"Mr. B——, a barrister, about thirty years of age, came to me on account of sexual debility. On cross-examination I found he had been married a twelve-month, that an attempt at connection had taken place but once during that interval, and that even then there was some doubt as to the completion of the act. He brought his wife with him, as she was, he said, desirous of having some conversation with me."

"I found the lady a refined but highly sensitive person. Speaking with a freedom equally removed from assurance or *mauvaise honte* (false shame), she told me she thought it her duty to consult me. She neither blushed nor faltered in telling her story, and I regret that my words must fail to convey the delicacy with which her avowal was made."

"Her husband and herself, she said, had been acquainted from childhood, had grown up together, become mutually attached, and married. She had reason to consider him debilitated, but—as she was

fully convinced—from no indiscreet acts on his part. She believed it was his natural condition. She was dotingly attached to him, and would not have concluded to consult me, but that she wished, for his sake, to have a family, as it would, she hoped, conduce to their mutual happiness. She assured me that she felt no sexual passions whatever; that if she was capable of them they were dormant. Her passion for her husband was of a Platonic kind, and far from wishing to stimulate his frigid feelings, she doubted whether it would be right or not. She loved him as it was, and would not desire him to be otherwise except for the hope of having a family.

“I believe this lady is a perfect ideal of a wife and mother, kind, considerate, self-sacrificing and sensible, so pure-hearted as to be utterly ignorant of and averse to any sensual indulgence, but so unselfishly attached to the man she loves as to be willing to give up her own wishes and feelings for his sake.”

“In strong contrast to the unselfish sacrifices such married women make of their feelings in allowing cohabitation, stand out others who, either from ignorance or want of sympathy, although they are model wives in every other respect, not only evince no sexual feeling, but, on the contrary, scruple not to declare their aversion to the least

manifestation of it. Doubtless this may, and often does, depend upon disease, and if so, the sooner the suffering female is treated the better. Much more frequently, however, it depends upon apathy, selfish indifference to please, or unwillingness to overcome a natural repugnance for cohabitation."

"Other reasons may influence the female. It is not infrequent that a woman refuses cohabitation to prevent maternity. This is possibly not so reprehensible as some of the other means they employ for the same purpose. Then there are some women who refuse it as a personal right. I was lately in conversation with a lady who maintains women's rights to such an extent that she denied the husband any voice in the matter. She maintained most strenuously that, as woman bears the consequences—has all the discomforts of being nine months in the family-way, and thus is obliged to give up her amusements, and many of her social relations; considering, too, that she suffers all the risks and pains of child-birth, that a married woman has a perfect right to refuse to cohabit with her husband. On my venturing to point out the difficulty and consequences of restraint on the husband's part, she retorted that a man unable to control his sexual feelings ought to marry a 'street-walker,' not an intellectually-disposed person, who could not, and ought not to be obliged to devote her time

to duties only compatible with the position of a female drudge or wet-nurse."

"I am not prepared to say what weight such evidence would have in a divorce court, and I am not aware that counsel has as yet urged such conduct on the part of the female in extenuation of immorality on the part of the husband. Of one thing I am quite certain—that I am consulted by conscientious married men very frequently, who complain, and I think with reason, that they are debarred from the privilege of marriage, and that their sexual sufferings are almost greater than they can bear, in consequence of their being mated to women who think and act as in the above cited instances. The more conscientious the husband is, and the stronger his sexual feelings are, the more distressing are the sufferings he is doomed to undergo."—*Dr. Acton.*

While it is admitted that Dr. Acton's experience has been very great, and therefore his opinions deserve more than ordinary attention, nevertheless in the nature of his special practice, it is natural to presume that the evidence placed before him has been exceptional, and represents only one side of the story, taken from the man's point of view. We believe that if both sides of the question were impartially heard and passed upon, that in by far the large majority of cases it would be found that the

woman is the one that most frequently 'suffers' and are the martyrs, instead of the men. If the truth were made known, thousands of women suffer martyrdom through the selfishness and almost brutal insistence of men, who disregard the woman's feelings or her physical condition altogether.

Dr. Martin's testimony on this form of impotence is as follows:—"There is a form of impotence, dependent upon almost total lack of desire. For such persons women offer but very slight attractions. Their erections may be normal, but the pleasure incident to sexual relation is so slight, that it offers no adequate compensation for the trouble necessary to obtain it."

"There are certain patients in whom the impotence is relative,—that is, with some women they may be exceptionally vigorous, while with others their powers may be slight or altogether wanting."

"It is undoubtedly true that, as a rule, educated and refined women are less passionate than men: indeed, I think this may be said of women of every degree. Their desire for sexual congress is less; and many wives laudable in every respect are not the sexual equals of their husbands. To such women sexual approach is sometimes a matter of total indifference; sometimes disagreeable; and occasionally painful or revolting. To some men this mental attitude of the woman is sufficient to render

the sexual act impossible. From want of mental stimulus the female organs remain relaxed and flabby, and this condition together with her passive reception of his approach, does away with the local stimulus which is such a powerful aid to the proper completion of the sexual act. It is, unfortunately, with their legitimate partners that men are most frequently not in sexual accord."

Dr. Hammond says:—"It must be borne in mind that women as a sex exhibit far less intensity of sexual desire than do men. The education of women in civilized communities, and the restrictions imposed upon them by the customs of society, are, moreover, often such as to stand in the way of development of the sexual appetite. It would be well for the future of the human race if a like retardation could be accomplished in males."

"Lack of sexual desire in women, is often associated with the absence of, or, with a very *small Clitoris* (a small organ located in the upper part of the external orifice and covered by the lips of the vulva; it has a glans, a prepuce, and erectile tissue similar to that of the male penis, and is supposed to be the principal source of venereal feeling in the female.) In those cases that have come under my observation in which the clitoris has been removed by a surgical operation, there has been a diminution of sexual desire, but no actual loss of the appetite.

While it is probably true that without the possession of the peculiar sensibility with which the clitoris is endowed, the desire for sexual intercourse would be at its minimum, it is equally a fact that the sexual feeling in the female is often of *mental origin*, and that the *generative organs play only a secondary part*, so far at least as concerns the sequence of sensation. A look, a touch, a thought may be the starting point." (This is equally true of males, and is a very important fact not sufficiently understood or appreciated by those who are troubled about sexual weakness or impotence.) It is very certain that the clitoris is not the only part of the female sexual organs, by the excitation of which, sexual desire can be developed, for the lining membrane of the vagina (canal) and of nearly the whole vulva (external opening of the vagina)—are similarly endowed, though in a much less degree. Indeed, there are reasons for believing that the neck and mouth of the uterus (womb) are supplied with sensibility like in character to that possessed by the clitoris."

"In one case that came under my notice the clitoris was scarcely larger than a mustard seed, the possessor, a married woman twenty-two years of age, had never experienced the slightest disposition towards intercourse. She was of a mild temperament, affectionate in her nature, and de-

votedly attached to her husband. Intercourse was not disgusting as it is to some women, but while she passively submitted to her husband's wishes, there was not the slightest desire excited by his caresses. At times a slight feeling of pleasure was developed in the external generative organs, but not sufficient to produce a wish for a continuance of the act, and in a little while it disappeared." There is no evidence to show that the clitoris is larger in those women who indulge to great excess in sexual intercourse, or in masturbation."

"Sexual desire and feeling may be absent in women when there is nothing apparently abnormal about their generative organs. Mrs. C ——— had been married two years when she consulted me. During that period she had never had the slightest development of the sexual appetite, nor during her whole life had she experienced any feeling of desire. She was at the time I saw her about twenty-five years old; was well formed, and of healthy appearance. She had never had any serious illness, except scarlet fever in early childhood; had menstruated at sixteen, and had always been regular with her periods. On examination the clitoris was found to be as well developed as it is in the majority of women; the ovaries could be distinctly felt, and were apparently normal, and

the uterus was of full size. Sexual intercourse had never been painful to her, but was productive of no pleasurable sensations. She had never experienced the orgasm. The tactile sensibility and the ability to feel pain were not below the normal standard in any part of the external organs of generation. She had always yielded willingly to the wishes of her husband, and was anxious to be, as she said, "like other women." Various devices had been tried with the object of developing sexual desire, but the only effect had been to inspire her with a feeling of disgust. She loved her husband, and was anxious to do all in her power to please him, hence her visit to me. In answer to her inquiry, I told her that I saw no reason why she might not become pregnant, and in fact some two or three years thereafter she had a child, and her husband informed me that she was beginning to acquire sexual desire."

"We see very frequently that certain mental characteristics make their appearance at a comparatively late period of life, and there is no reason, so far as I can perceive, why a like condition may not exist as regards the sexual appetite."

There are numerous cases of abnormal development, and of organic malformations of the female organs on record, that prevent the natural operation of their functions, and are the cause of partial

or complete impotence. But as they are not of common occurrence, and require examination and treatment by a surgeon, they do not come within the scope of this book; and will, therefore, be dismissed with a brief mention.

OCCCLUSION OF THE VULVA (blocking up) is not infrequent. Occasionally instances occur in which the vulva, while containing all the organs, is very imperfectly developed, remaining during adult life as small as it was in infancy. Again the *Labia* (lips) may be so adherent or may be of such size as to materially interfere with the entrance of the penis into the vagina. *Hydrocele* of the labia majora may exist on either one or both sides. *Vegetations* may be so profuse as to prevent sexual intercourse. *Hernia* (rupture) of the labia may exist in consequence of the protrusion of a portion of the abdominal contents, and may be so large as to prevent the intromission of the penis. *The Clitoris* may be so large as to materially interfere with sexual intercourse. *The Vagina* may be entirely absent or but rudimentary. Narrowness of the vagina to such an extent as to impede sexual intercourse is by no means uncommon; it is one of those abnormal conditions for which relief is most apt to be sought. *The Hymen* may be so dense as to be impervious to the penis. Besides those mentioned there are others which, though not preventing

sexual intercourse, are of such character as to render the act painful.

Intercourse Painful to Women:—"In women" (says Dr. Martin) "with whom intromission of the penis is possible, but who suffer such pain thereby that all voluptuous sensations are abolished, there may be some demonstrable pathological condition, such as inflammation, or malposition of the organs, or in other cases the most careful search may fail to find the slightest sign of anything abnormal, beyond intense *hyperæsthesia*" (excessive sensibility).

"All acute inflammation about the vulva, the vagina, the rectum, the uterus or the ovaries, may render sexual approach painful. Urethral *caruncles* (small fleshy growths) and *urethritis* (inflammation of the urethra) fissures at the neck of the bladder, Hemorrhoids (piles), Ulcerations or displacements of the womb, inflammation of the fallopian tubes, disease or prolapse of the ovaries, any of these are frequently observed as causes that render coitus painful. At least, when such lesions are cured, by appropriate treatment, the pain attendant on sexual relations disappears, and voluptuous sensations are experienced."

"Vaginismus:—As a consequence of the pain produced by the male's efforts of intromission, there sometimes occurs an involuntary tetanic spasm of

the perineal muscle, termed *Vaginismus*. Not only the sphincter vaginae and transverse perinei, but the sphincter and levator ani, and also the involuntary muscles of the vagina are involved. As a result the orifice and vaginal canal *close tightly* and render the sexual act extremely difficult, and indeed, sometimes make it quite impossible, even though the male possesses a vigorous erection, and makes brutal insistence. Occasionally this condition comes on after intromission is effected, and in such cases it is quite possible for the male organ to be so firmly imprisoned, that release is not accomplished until ether is administered to the female. Several such cases are reported."—*Martin*.

Dr. Sims,—defines *Vaginismus*, "as an *excessive hyperaesthesia* (excessive sensibility) of the hymen and vulva, associated with such a degree of spasmodic and involuntary contraction of the sphincter vaginae as to prevent sexual intercourse."

"There is in my opinion no doubt that vaginismus is a consequence of some disorder of the nervous system, and this is in a large proportion of cases located in the spinal cord, constituting the condition known as spinal irritation. A characteristic of vaginismus is—that the pain and spasm are more strongly marked on a slight touch of the affected parts, than when steady pressure is made. I have had cases under my charge in which the in-

roduction of the finger or even of a sound into the vagina would cause the greatest agony, while two or three fingers if held in position firmly would produce very little suffering. In these instances the intromission of the penis was not accompanied by much local disturbance so long as the organ was kept in a state of quietude; so soon, however, as friction of the penis against the vaginal walls was produced, the pain became insupportable, and efforts at intercourse had to be brought to an end."

"It is not surprising that women suffering from vaginismus shudder at the very idea of sexual intercourse. Experience has taught them that the pain and distress are greater than any that they have previously had to endure. In consequence they soon renounce all attempts of the kind, and eventually, if not relieved, no matter how erotic they may have been, lose all desire of a venereal character."

"So far as copulation is concerned, the two disturbing factors are, as we have already seen, pain and spasms. These may exist in various proportions relative to each other. In some cases if the woman can endure the pain, intercourse is possible, for there may be little or no spasm of the sphincter vaginae. In other cases the spasm is the main feature, the slightest touch being sufficient to develop it, while there is but little pain."

“Vaginismus rarely makes its appearance before puberty, and, indeed, it may be said in the vast majority of cases that it does not arise except during the generative period of the woman. It is, therefore, not often seen after the cessation of the menses, nor before copulation has taken place.”

“Among the predisposing causes of vaginismus, hysteria, probably stands first. It is very doubtful whether it is induced directly by sexual excesses or by masturbation, though I have had one case under my charge in which apparently it owed its origin to the repeated introduction for masturbatory purposes, of foreign bodies into the vagina. In like manner cases are met with in which a disproportion between the dimensions of the penis and those of the vagina is the most obvious cause.”

“Not long ago a lady consulted me for the affection in question, who, a month previously had been married to her second husband, a strong and passionate man. She had never experienced any discomfort from sexual intercourse with her first husband, but with the present one the act had from the first been painful, and latterly had become insupportable, and almost impossible. Examination revealed the true state of affairs. There was extraordinary hyperesthesia at the situation of the *carunculæ myrtiformes*, and strong spasm of the *sphincter vaginæ* on the attempt to introduce the

finger. Suitable inquiries revealed the fact that the disproportion in size between the sexual parts of herself and her husband was such that intercourse had never been satisfactory to either party. She was quite sure that was the cause, and to that alone the vaginism was due. There was no marked narrowness of the vagina, so that the misfortune was not of her making. I requested her to send her husband to me, and then, on inspection of the parts concerned, found that there was no doubt as to where the responsibility should be placed."

"But such causes are only capable of developing vaginism in a woman in whom the predisposition already exists; often this predisposition is so strong that no other influence than that of copulation is necessary to the complete establishment of the affection."

"The treatment of vaginism is as satisfactory as that of any other disease. Indeed, with our present knowledge of the nature of the affection, and of the therapeutical action of remedies, failure to cure a case is almost out of the question. In the case of a married woman, when the cause is the disproportion in size, between the sexual organs of herself and those of her husband, means should be taken to overcome the obstacle. These should be directed to the matter of stretching the vagina so as to admit of intercourse without pain. This can

be done while the patient is under the influence of an anæsthetic, by means of an instrument such as the bivalve or the trivalve speculum. Of course no means of stretching the vagina is comparable to the passage of a foetus, but, unfortunately, it is generally the case that the condition of vaginism is almost prohibitive of the intervention of pregnancy."

Dr. Hammond.

"Even though intromission is possible and painless, it is often the case that no orgasm is experienced by the woman. It is undoubtedly true that women, as a rule, are less passionate than men, that many wives and mothers have never experienced an orgasm, that the sexual act is for them merely an expression of conjugal obedience or a means of bearing children, that in itself the whole process is unpleasant or even positively revolting. This depends, not so much upon local conditions, as upon a frigidity mainly inborn, but partly the result of education."

"Many women occasionally experience an orgasm, but usually stop short of this, since their husbands are unable to continue the act for a sufficient length of time. This is sometimes the fault of the man, but more frequently is due to the slow response on the part of the woman."

"In such cases as these local treatment is of little avail; the impotence can be classed as psychological (effect of the mind) and as such must be treated by

mental impressions. Rich food, sea air, and caresses may awaken some response, but at most a feeble one. But concentration of the mind on venereal pleasures at the proper time, together with active participation, instead of passive submission, will often work wonders in arousing voluptuous feeling; and is much safer and more effective than any drug stimulant. Moderation of desire is, however, not to be regretted, since such women make good wives, loving mothers, and are not tempted to stray in the paths which the comparatively small number of their more amorous sisters at times find too alluring."

"When an orgasm is experienced only at rare intervals, because of a too hasty partner, the remedy lies in allowing longer intervals to elapse between each approach, in making such approaches gradual, and in an effort of the will on the part of the male, by means of which ejaculation may be postponed. The effect of continued effort in this direction is truly wonderful. I have seen men who stated that they could postpone ejaculation for one or two hours, and there is a religious sect in the state of New York who train their youth so that intercourse may be continued for many hours without ejaculation."—*Dr. Martin.*

"Every physician of experience is aware of the fact that not a few women pass through married

life extending over many years without ever having felt the slightest degree of pleasure from sexual intercourse. He also knows that there are others who, having originally been possessed of the normal capacity in this respect, lose it very early in life, or at a period far anterior to that at which it would naturally be expected to disappear."

"The social life of woman is such as to impose on her restraints, which do not exist with such full force at least, with the male sex. She may be bound to a brutal or otherwise disgusting man, with whom the very idea of intercourse is horrible. *The mental element enters so fully into the act of coition,* that it is not surprising that under such circumstances there should be an entire failure on the part of the woman, when, perhaps, with a man capable of arousing the emotion of love, a very different state of affairs would result. This is a matter that is often overlooked. The affection which may once have existed between the parties has gone from one or both. If it has disappeared from the husband, he does not approach his wife unless urged thereto by mere animal instinct. He abstains altogether, or he seeks satisfaction for his emotion and his appetite from some woman capable of arousing both."

"But with women, the case is altogether different, unless with the members of the class who make

merchandise of their bodies, and even with them the sentiment of love, transient though it may be, is often aroused. With the rest, it is doubtful if in one-tenth of the instances of intercourse they experience the slightest pleasurable sensation from first to last. The virtuous married woman submits passively and is impotent. She loses the power of accomplishing her part of the sexual act; or, if married, through force of circumstances that she cannot resist, to a man that she abhors, she never experiences the least pleasure from his embraces. On the contrary, they inspire her with supreme loathing. In such cases as these the physician can do nothing. The circumstance of death, or the divorce court, and the possibility of a more congenial marriage, are the only means of relief that she has."

"There is another species of impotence met with in women which, though not complete, is distressing, and often leads to nervous complications of a serious character. It is that form in which, with both strong desire and the ability to experience the orgasm in all its intensity, this condition is never attained, for the reason that the man has reached the acme, while the woman has not arrived at this point. With this result the act is at an end so far as the man is concerned, while the woman remains with her nervous system excited to a high pitch and

brought to a state of expectancy that is not realized. It is generally the case that women are slower to reach the height of the venereal paroxysm than are men. From the beginning of the act they experience a certain degree of pleasure, but this is not developed to its utmost extent as rapidly as it is with the opposite sex."

"Probably in a state of nature there is no difference in this respect between men and women, but civilization has imposed restrictions on the development of the sexual appetite in the one sex, while it has set few or no limits to its exercise in the other. The consequence is an impetuosity in men and a shrinking delicacy and reserve in women. It often happens that with the continuance of sexual relations this inequality in a great measure disappears, but this is not by any means always the case, and many women with strong desires and loving their husbands, go through life with scarcely an idea of what sexual intercourse really is, they never having experienced to the full the pleasurable sensations characteristic of coition."

"For many such cases as these the remedy, although it may not consist of more than a few sensible though plain-spoken words, should be addressed to the husband. If, however, it appears that there is any necessity for stimulating the sexual faculty of the woman, some of the safe neuro stim-

ulants or tonics should be prescribed, and in addition hot water vaginal douches should be used just before retiring. Under these measures I have had patients experience decided benefit. So much is the whole matter of sexual intercourse under the influence of habit, that improvement when once effected, is likely to become permanent."

Dr. Hammond.

Causes of Indifference in Women :—It would have been a pleasure if the purpose of making this book complete and exhaustive of the subject on which it treats, could have been carried out, and yet have omitted one of the causes of indifference to sexual intercourse experienced by some women. And when we say *some* women, we wish to believe that the number included is but a small minority; and desire to be very careful not to cast any aspersions, or do a wrong, to the great majority of women who are pure in body, as they are pure in mind. As has been stated already several times in this book the majority of women are by nature not as sexually passionate as men, and this is the undoubted reason why such women have a natural aversion to intercourse. That the demon tyrant—Masturbation—does occasionally secure one of their fair number for his victim is attested to by the highest medical authorities, and once within his grasp, the woman is as powerless as the man.

Let him or her who has escaped, rejoice! but let judgment be tempered with mercy! "He that is without sin among you, let him first cast a stone."

"Where, in addition to the indiposition to cohabitation which many modest women feel, we find a persistent aversion to it, so strong as to be invincible by entreaty or by any amount of kindness on the husband's part, a very painful suspicion may sometimes arise as to the origin of so unconquerable a frigidity. The following is a case in which these suspicions seem to have been justified by the facts:"

"A gentleman came to ask my opinion on the cause of want of sexual feeling in his wife. He told me that he had been married four years. His wife was about his own age (twenty-seven), and had had four children, but that she evinced no sexual feeling, although a lively, healthy lady, living in the country. I suggested several causes, when he at last asked me if it were possible that a woman might lose sexual feeling from the same cause as men. 'I have read your book, Mr. Acton,' said he, 'and though you only allude to the subject incidentally, yet from what I have learned since my marriage, I am led to think that my wife's want of sexual feeling may arise, if you can affirm to me that such a thing is possible, from self-abuse. She has confessed to me that at a boarding

school, in perfect ignorance of any injurious effects, she early acquired the habit. This practice still gives her gratification; not so connection, which she views with positive aversion, although it gives her no pain.' ”

“ I told him that medical men, who are consulted about female complaints, have not infrequently observed cases like that of his wife. It appears that at last nothing but the morbid excitement produced by the baneful practice can give any sexual gratification, and that the natural stimulus fails to cause any pleasure whatever. That a similar phenomenon occurs in men, and this state is seldom got the better of as long as self-abuse is practiced. I feared, therefore, that his surmises were correct, and that the lady did it to a greater extent than she was willing to admit.”

“ So ruinous is the practice of solitary vice, both in the one and other sex, so difficult is it to give it up, that I fear it may be carried on even in married life, where no excuse can be devised, and may actually come to be preferred to the natural excitement. Venereal excesses engender satiety just as certainly as any other indulgences, and satiety is followed by indifference and disgust. If the unnatural excesses of masturbation take place early in life, before the subjects who commit them have arrived at maturity, it is not surprising that we

meet with women whose sexual feelings, if they ever existed, *become prematurely worn out.*"

"Doubtless sexual feelings differ largely in different women, and although it is not my object to treat otherwise than incidentally of the sexual economy in women, yet I may here say that the causes which in early life induce abnormal sexual excitement in boys, operate in a similar manner on girls. This tendency may be checked in girls, as in boys by careful moral education in early life. But no doubt can exist that hereditary predisposition, has much to do with this, independently of education and early associations. We offer I hope, no apology for light conduct when we admit that there are some *few* women who, like men, in consequence of hereditary predisposition or ill-directed moral education, find it difficult to restrain their passions, while their more fortunate sisters have never been tempted, and therefore, have never fallen. This, however, does not alter the fact, which I would venture again to impress on the reader, that, in general, women do not *feel* any great sexual tendencies. The unfortunately large number whose lives would seem to prove the contrary are to be otherwise accounted for. Vanity, giddiness, greediness, love of dress, distress or hunger, make women prostitutes, but do not in-

duce female profligacy so largely as has been supposed."—*Acton*.

"Among the chief causes of indifference of women for sexual intercourse, and consequently to experience the orgasm during coition is—masturbation. The reasons for this effect are almost identical with those given for a like condition existing in men who have been addicted to this vice. The images formed by the imagination are so much more intense than those met with in actual life, that the latter do not produce the degree of excitation necessary for the production of the orgasm."

It is difficult to treat with success cases such as those now under consideration, even under the most favorable conditions. Besides, it generally happens that such conditions cannot be obtained. First,—among them is the total renunciation of the masturbation habit; second,—*absolute rest of the sexual organs*, so far as intercourse is concerned, for a period long enough to enable them to recover their lost tone; third,—the avoidance of all lascivious associations or thoughts. To secure these conditions is, as I have said, difficult. Without them it is almost useless for the physician to undertake the case. If, however, they can be secured, there is a fair prospect that a cure can be accomplished. I am not now considering the question of the effects of masturbation, except so far as they relate to

sexual indifference and impotence as regards the *male* sex. If I were, there would of course be much to say on the subject."

"Excessive Sexual Intercourse"—is also productive of effects in women similar to those which follow it in men. In these cases the nerve cells of the centre presiding over the function doubtless become exhausted, and no longer properly respond to the stimulus which in natural conditions set them in action. There is no erection of the clitoris or of the other parts in contiguity that, like it, are endowed with erectile tissue; no development of pleasure from the friction of the penis against these organs and the vagina, and if the orgasm is reached the result is imperfect and the voluptuous sensations at their minimum. With this condition it sometimes happens that desire remains as strong as ever, while at other times it is extinct."—*Hammond*.

NINTH DIVISION.

SEXUAL INTERCOURSE AND SEXUAL PLEASURE.

WE have now fully considered and explained the phenomena and cause of the lack of sexual desire, or sexual indifference, in both men and women, except those cases where men are impotent with some particular woman, although they may have no trouble whatever in intercourse with other women, which will be mentioned hereafter. Lack of sexual desire may be, as we have shown, either a contributing cause to the production of impotence, or again, it may be a resulting effect of impotence. In either case sexual indifference cannot be said to be impotence itself. In the fullest meaning of the condition called impotence, there is understood to be ample sexual desire, but an inability to gratify it, on account of some organic or functional disability. And in order to intelligently discuss the disability that prevents the proper performance of the sexual act, it is necessary to briefly consider in what the act of copulation consists. It is thus described by—Carpenter :

Copulation.—"When, impelled by sexual excitement, the male seeks intercourse with the female,

the erectile tissue of the genital organs becomes turgid with blood, and the surface acquires a much increased sensibility. This is especially acute in the glans penis. By the friction of the glans against the rough walls of the vagina the excitement is increased, and the impression that is thus produced at last becomes so strong that it calls forth, through the medium of the spinal cord, a reflex contraction of the muscular fibres of the vasa deferentia, and of the muscles which surround the vesicula seminalis and prostate gland. These receptacles discharge their contents into the urethra, from which they are expelled with some degree of force, and with a kind of convulsive action, by its compressor muscle. Now, although the sensations concerned in this act are ordinarily most acutely pleasurable, there appears sufficient evidence that they are by no means essential to its performance, and that the impression that is conveyed to the spinal cord *need not* give rise to a sensation in order to produce the reflex contraction of the ejaculator muscles. The muscular contractions which produce the emissio seminis are excito-motor in their nature, being independent of the will and not capable of restraint by it when once fully excited, but are excitable in no other way than by a particular local irritation."

As stated by Carpenter, "the sexual act is or-

dinarily attended with great pleasure. In fact, from the risks which men as well as animals will run to enjoy the gratification of this instinct, it would seem that there is no other sensation of pleasure equal to this. There is every reason to believe that it is the mere and simple act of emission which gives the pleasurable sensations to some animals, which like many birds have no intermittent organs. This pleasurable sensation, however, is of but momentary duration; like a battery, it exhausts itself in a shock. The nervous excitement is very intense while it lasts, and, were it less momentary than it is more mischief would probably result from repeated acts than ordinarily happens. Parise—says, that if the pleasurable moments, as well as the torments, which attend love lasted, there would be no human strength capable of supporting them, unless our actual condition were changed."

"A kind of natural safeguard is provided against the nervous exhaustion consequent on the excitement of coitus, by the rapid diminution of the sensation during successive acts. Indeed, in persons who repeat coitus several times in succession within a few hours, the pleasurable sensation will diminish so rapidly that the act at last will not be attended with any."

"As a general rule it may be stated that the

violent excitement of any sensation is disagreeable, even when the same sensation in a moderate degree may be a source of extreme pleasure. By this merciful provision nature herself dictates that excesses must not be committed. The frequent complaint heard from persons who have committed excesses, that they no more experience pleasure in the act, is the best evidence we can have that nature's laws have been infringed."

"The physiological explanation of the pleasure attendant on the sexual act, is stated by Kobelt,—to be, "Accumulation of blood, which causes wherever it occurs in the body a gradual augmentation of sensibility; but in this case the glans penis, in passing from a non-erect state to the condition of complete turgescence (enlargement), becomes the seat of a completely new and specific sensibility, up to this moment dormant. All the attendant phenomena react on the nervous centers. From this it appears that in addition to the nerves of general sensibility, which fulfill their functions in a state of repose and also during erection, although in a different manner, there must be in the glans penis *special nerves of pleasure*, the particular action of which does not take place except under the indispensable condition of a state of orgasm of the glans. Moreover the orgasm once over, the nerves return to their former state of inaction, and

remain unaffected under all ulterior excitement.

“They are then, in the same condition as the rest of the generative apparatus; their irritability, ceases with the consummation of the act, and, together with this irritability, the venereal appetite also ceases; to be repeated, and bring about, the same series of phenomena at each new excitement.”

Inability to Experience Pleasure:—

This is one phase of impotence in the man, which is quite different from lack of desire, which we have already considered. A case of this kind is mentioned by Roubaud:

“A young man twenty years of age, of sound health, and of sanguine temperament, consulted me under the following circumstances: “I have,” said the patient, “no difficulty in obtaining erections; my sexual desires are sufficiently strong, but I have never experienced the pleasure said to be derived from the act. The intromission of the penis into the vagina is effected without difficulty and without pain, but this being accomplished, I cannot, no matter how strong efforts I make, experience the voluptuous sensations of which my friends speak. After a longer or shorter period of ineffectual exertion, during which I call to mind all the resources of my imagination, and of my amorous energy, I become fatigued, and my penis, participating in the general state in which I am, be-

comes flaccid without its being possible to obtain an ejaculation."

"In the examination which I made of this young man I ascertained that ejaculations had never taken place while he was awake, either by masturbation or by copulation, but that sometimes during sleep either under the influence of lascivious dreams, or without them, there had been an emission. About this, however, there was the curious circumstance that, if from any cause whatever the patient awoke during the ejaculation, an immediate arrest of the process took place, so that he had never obtained an idea of sexual pleasure. This, and similar instances are due, I think, to the spasmodic state of the ejaculatory ducts by which their orifices are closed and the semen prevented from passing into the urethra. There is therefore no accumulation of this fluid in the urethra, or passage of it backward into the bladder. For its treatment, the use of anti-spasmodics should be administered. In other cases the seminal ducts may be obliterated, through inflammation; the latter is doubtless sometimes produced by cauterization."

In commenting on this particular condition of impotence, Dr. Hammond says:—"Two of the essential elements of sexual intercourse are, the emission of semen, and the experiencing of a sensation of physical pleasure for a short period before

the ejaculation takes place, during its continuance, and for a short time after its cessation. This sensation originating in the glans penis is not confined to that part of the body, but extends to the neighboring regions, and in some persons is felt as a voluptuous thrill through the spine, and the upper and lower extremities."

"But for the experience of these voluptuous sensations, which the average adult man acquires, it is quite certain that he would abstain, to a great extent, if not altogether, from sexual intercourse. But it sometimes happens that, while the desires are in general strong, and the sexual power all that can be desired, there is a deficiency of pleasurable feeling attendant on the ejaculation of semen, and at times there may be a complete absence of such feeling. This may be either relative or absolute; that is, it may exist only as regards some particular woman or women, or it may be a permanent condition present at all times of sexual intercourse and with all women."

"It is undoubtedly true that with most men the voluptuous feelings experienced during sexual intercourse vary greatly in accordance with the degree of eagerness with which any particular act is approached. If the individual is impelled by the emotion of love, the pleasure is infinitely greater than when he is actuated by a mere animal feeling,

such as he might experience for a prostitute, or when doing marital duties merely from a sense of obligation, from which he would gladly be relieved. In the one case there is desire stimulated by love, and, as a consequence, all the physiological phenomena of the procreative act are of the most exalted kind; in the other there is sexual indifference, and the legitimate result is not only a minimum of pleasure, but also a diminution of the other accompaniments of copulation."

"For this condition from such causes, there is of course, no remedy which the physician can apply. In fact it is not in any respect pathological, and though patients often consult us in cases of this kind, being ignorant of the physiology of the subject, the functions of the medical adviser are fulfilled when he gives them a little instruction in regard to the laws of their being, and some advice relative to the influence that might be exerted through the emotion of love. The matter, in fact, is one which is entirely within the control of the patient, unless there be some other deficiency besides that of pleasure."

"But in the other kind, cases where the patient is actuated by both affection as well as animal passion, when the desire is powerful, and the erections are vigorous, and yet the orgasm perfect in all other respects causes little or no pleas-

ure, is a proper instance for medical intervention."

"When proceeding from a centric cause, the loss of pleasure during sexual intercourse is unaccompanied by other abnormal phenomena, and when there is no feeling of satiety, indifference or disgust, it is almost always attended by certain symptoms of disordered brain action. Cases of the kind usually occur in men who have severely overtaxed their brains, and who in consequence, are less impressionable than when in a normal state. The same persons frequently do not appreciate the different articles of food; they complain that "things do not taste as they did;" they may even lose the appreciation of things of beauty which once would infallibly delight them, and music no longer gives them pleasure. These are the indications of an exhausted brain (loss of vital energy) and there are others of a more local character, such as pain in the head, vertigo, and an inability to concentrate the mind, which are generally present."

"Such cases require very moderate sexual indulgence, a cessation of the excessive mental work, in which the patient is engaged, and a mode of life calculated to give the brain a change from the labor to which it has become habituated; at the same time, medical treatment will generally prove of very decided benefit."

“The diet should be full and nutritious, animal food forming a considerable portion of it. *Moderate physical exercise cannot be dispensed with.* On the other hand excessive bodily exertion (that has exhausted vital energy), is still more prejudicial to the production of the full physiological feeling. The element of fatigue, either mental or physical, is antagonistic to sexual enjoyment. Again, mental pre-occupation is fully as efficacious in destroying pleasure, as we have already seen that it is, in abolishing desire and power. If there are engrossing subjects engaging the attention, other than that which ought to be prominently in the mind of the individual, it is very certain that the pleasure of the act will be at its minimum.

“In the other form of the affection, the cause appears to be located in the penis. The desire is strong, the power sufficient, the mind is in concurrence, the orgasm and the emission occur, and yet there is scarcely a vestige of a voluptuous sensation. Instances of this kind are quite common, and they are most apt to be met with in those who have been *excessive in sexual indulgence.* That this is the cause can be readily ascertained by questioning those persons who have repeated connection in a short period of time. The information is invariably given, that, after half a dozen or more times, there was no longer the slightest degree

of enjoyment accompanying the performance." (Pleasure will diminish just in proportion as the vital energy is exhausted.)

Effect of Circumcision:—"I am inclined to think that the operation of circumcision, when performed in early life, generally lessens the voluptuous sensations of sexual intercourse, and that even when done in later years the same result sometimes follows. It is almost impossible to arrive at positive conclusions. It is something like the question which two or three hundred years ago agitated medical philosophers—whether the man or the woman had the most pleasure in the sexual act? After wasting elaborate arguments on one side, or the other, the problem remained as undetermined as ever, and it always must be unsolvable, unless we can be men and women alternately."

"I believe that nature intended that the glans be habitually nearly covered by the prepuce when the penis is in a non-erect state, and that this is necessary for the preservation of the full degree of sensibility of the glans; and that circumcision, by constantly allowing the glans to be exposed to the atmosphere, and to friction from the clothing, has the effect of toughening the delicate membrane, and of diminishing its sensibility; just as the exposure of hands, that have been kept gloved, to the

weather and to hard manual labor, will toughen them."

"Many writers maintain that the chief source of sexual pleasure resides in the glans penis. That it has a considerable share in the sensations experienced is very true, but from certain cases that have come under my notice, says Dr. Acton, I cannot help thinking that it has less to do with them than is generally supposed. Some time ago I attended an officer on his return from India, who had lost the whole of the glans penis. This patient completely recovered his health, the parts healed, leaving but a stump of the penis two inches in length. I found to my surprise that the sexual act was not only possible, but that the same amount of pleasure as formerly was experienced. He assured me that indeed the sexual act differed in no respect (as far as he could detect) from what it had been before the mutilation."

Dr. Hammond corroborates this experience. He says: "I know of a case in which the penis was wounded by the accidental discharge of a pistol carried in the trousers pocket, and in which a surgical operation removed all of it but about one inch; but the man in whom this occurred assured me that he was able to discharge semen into the vagina; at any rate, he got married after his mutilation, and within a year thereafter his wife had a child.

There was never any complaint from either party in regard to the manner in which the conjugal duties were performed."

"During the war, and since its close, several cases of partial destruction of the penis from gunshot injury have come under my notice, but in all of these enough of the organ remained to serve the purposes of sexual intercourse. Less than one inch, I think, would not be sufficient to effect entrance and emission into the vagina, though it *might be enough to give the sexual orgasm and pleasurable sensations.*" Here then we have evidence from two or more physicians whose veracity is unquestioned that the glans penis is not the only seat of pleasurable sensation; that indeed, one-half of the whole penis may be amputated, without destroying the power and efficiency of either, erection, intromission, emission, pleasurable sensations, or fecundation. It might be well for those men who are so much troubled about the size of their organs to bear this in mind.

"The Effect of the Act:—The effect on the male that follows immediately after the act is completed, deserves attention. Even in the healthiest and strongest person a feeling of fatigue immediately follows. The way this shock affects the healthy man is, generally, to make him languid and and drowsy for a time. So serious, indeed, is the

paroxysm of the nervous system produced by the sexual spasm, that its immediate effect is not always unattended with danger, and men with weak hearts have died in the act. Every now and then, we hear of the sudden death of men on their wedding night, and it is not uncommon to hear of inquests held on men found in houses of ill-fame, without any marks of ill-usage on them. The cause of death has been doubtless, the sudden nervous shock attendant on the sexual act, overpowering a feeble or diseased frame, especially if the act is repeated. Whether a man is naturally strong or weak, such warnings should not go unheeded.

TENTH DIVISION.

LOSS OF THE POWER OF ERECTION.

THE ability to have, and to maintain, strong vigorous erection, for a sufficient time to satisfactorily consummate the sexual act, is of the first importance, amounting to an actual necessity on the part of the man. The lack of this power is a more common condition of *impotence* than all others combined. Probably no other affliction, real or imaginary, is the source of so much anxiety and trouble, so destructive to the happiness of a man, as the loss of his virile power. As an eminent author has well said, “a man's sexual desire may be moderate, he may be willingly continent, but if he discovers that he is impotent, or if he even imagines that he is impotent, his peace of mind is interfered with to an extent that no other disease is capable of causing.”

Such a state of impotence is common in one or another of three distinct forms:—

First:—Absence of all power to have erection at any time.

Second:—The erection may be complete but im-

mediately subsides on attempting coition, before intromission can be effected.

Third:—Cases where intromission is effected, but the erection diminishes, or collapses entirely, before the orgasm and emission is reached, a most humiliating and exasperating condition, as this abandonment of power happens at a moment when it is most desired by both the man and the woman.

The first, and the last of these three forms of impotence, namely, the total loss of power, and the last the insufficient duration of it to complete the act, are caused almost entirely by a *lack of the sustaining power of vital energy*, and this lack of energy is often the direct result of either masturbation, or sexual excess in some form, which we shall mention more fully hereafter.

But the second form of impotence that we have mentioned, that in which the erection is powerful enough, and is apparently under control of the man's will (at times when it is not needed), but which, on attempting coitus, the erection may not only immediately subside, but it not infrequently happens in such cases that the penis shrinks until it is apparently even smaller and more limp than it is in its normal condition. This condition is no less exasperating, to the man at least, than the others mentioned, and is exceedingly common to

the newly-married man, or to any man in his first attempt to have sexual intercourse.

Impotence Caused by Fear:—Strange, inconsistent and improbable as it may appear to be to a man who has only his own experience to go by, nevertheless it is a fact proven by experience, and is beyond all doubt or contradiction, that this form of impotence is due entirely to the influence of the mind on the sexual organs, in the form of *fear* or lack of a man's confidence in his own powers.

Thousands of men who suffer with this form of impotence ascribe it to any and every cause but the right one. There is no more absolute fact, demonstrable in human physiology, than the influence of the mind on the organic functions of the body, and especially on the sexual organs. While this is the most undoubted fact to the medical man, and to other men after they have come to a point where they can look back and view it in the light of experience, but it is surprisingly hard to convince the man who has not yet arrived at that point that it is true.

The physician may try to reason with a patient of this kind, and he may succeed in making it perfectly clear that the mind does influence the sexual organs, so long as he confines his argument and his illustrations to the positive side of the question, such as the erection of the penis through the mind's

influence. The effect on the sexual organs through the mind, by the exposure of a woman's body, or from viewing obscene pictures, or from libidinous conversation or reading, all clearly prove the effect of the mind in causing erections; but, strangely enough, when it is explained to him that doubt or fear of his powers, has just as powerful an influence over the erectile apparatus in the reverse direction, he is apt to disbelieve it; or if he does not exactly disbelieve it, he does not accept it with sufficient confidence to remove his own fears, or his impotence which consequently follows.

The influence of the mind on the sexual organs, and the part it plays in both the cause and the cure of impotence, is of such importance we dwell upon it. It is a well known fact that if a man distrusts his powers, and fears he is impotent, the chances are greatly in the majority that he *will* be impotent, so long as he continues to distrust himself. The worst of it is, that this condition is cumulative. First he has doubts and some fear as to his condition, and he thinks about it a great deal, and finally if opportunity permits he makes a trial of his powers; it is well known to medical men that if even a sound healthy man makes the attempt in that state of mind, and for such a purpose it will almost invariably prove a failure. This failure will confirm the fears he has about himself

and in his next attempt it will be repeated; it is for this reason that nothing can be worse for a man than to keep on experimenting with himself to ascertain if he is impotent. Not until he gives it up and don't care or concern himself whether he is impotent or not, and lets things take their own course, giving his sexual organs as little attention as possible, will he be likely to be any better.

It should be remembered that this doubt or fear which works such mischief, is something quite different from lack of desire, or indifference; neither is it modesty. A man may have plenty of desire, and may be even over-bold in making his approach, and yet fail utterly just because he has not that thoughtless confidence in himself which is so essential to success.

This sort of confidence will not come to, nor remain with a man while he is experimenting, or shall we call it testing, his sexual power. Men who are doubtful of their ability to consummate marriage, may desire to test it in advance; nothing could be more useless so far as such an experiment determining their ability is concerned; and as all experiments include a doubt, it would be very likely to result in failure, the failure in turn confirms the doubt, and in this manner the psychic cause of the impotence is multiplied.

What a man needs in such cases is a simple

sexual tonic to overcome his supersensitiveness, and then he may rest assured that as soon as he becomes familiar with and accustomed to his new relations, and environment his trouble will disappear like magic. Above all he should avoid thinking about his condition as much as possible, and avoid continually attempting to test his powers to see if they have improved. Nothing could be worse for a man in this condition than to keep his fears excited by reading the lurid advertisements in newspapers, for he does not realize that it is the advertiser's intention to make him feel as desperate as possible, or that the stimulant promised, even if it were true would be very likely in the end to make his impotence permanent.

The facts we have stated concerning this form of impotence is corroborated by all the reliable authorities on the subject, but it is to be regretted that the information the patient is usually possessed of is obtained from those pamphlets or books which are written to promote the business of the advertiser, wherein the truth is either exaggerated, falsified or perverted in a manner to make it misleading.

Of the authorities, we quote Dr. Martin, who says: "This form of impotence implies well formed sexual organs with full power of erection, but with this power not under the control of the will. Patients

suffering with psychical impotence usually have exceedingly vigorous erections occasioned by lascivious thoughts, by a full bladder, or by any of the causes which are sufficient to excite the center of erection. When, however, opportunity for sexual intercourse is given, there is either an imperfect erection, or, in place of enlarging, the penis may actually become smaller than in its ordinary flaccid condition."

"This condition is observed in its simplest form in those whose lives have been most chaste. The nervous, highly strung man, innocent of sexual matters, who recollects with shame and horror the period when he indulged to a greater or less extent in masturbation—shame indissolubly connected with the act; horror from the fancied consequences, which the lurid commercial literature on this subject assures him will surely follow—will experience, in addition to the perturbation incident to his new position, the powerful anaphrodisiac of *fear*, lest his first attempts positively demonstrate the sexual weakness begotten by his early habits." (We think Dr. Martin means, his *imaginary* sexual weakness.)

"Even without this element of fear, in those of sensitive organism, the conditions of early married life are not adapted to the fullest stimulation of the sexual instinct (because fear predominates). Un-

der such circumstances erections may be conspicuous by their absence. If the element of fear and distrust were absent before, one failure will augment it to full force at the next attempt, rendering subsequent approaches equally unsatisfactory."

"Although psychical impotence is most often observed in the æsthetic recluse or the chaste farmer, those of looser morals do not always escape. The mental effect is produced somewhat as follows: After some months, or perhaps years, of life about town, the youth who has heretofore stopped short of sexual congress, finally, when well under the influence of liquor, yields to temptation, but finds himself unable to proceed with the act. In this case the inhibitory influence of rum has produced a temporary condition which the patient is prone to regard as permanent, and, even should he make his next attempt under more favoring circumstances, he is liable to meet with disappointment from distrust in his powers."

"Many men of lively temperament are chaste from the fear of contracting disease, unfortunately the most potent factor in maintaining virtue. This finally gives way to a more than usually severe temptation. At the very time when such thoughts should be banished from the mind, the old fear returns with redoubled vigor, producing its characteristic effect, and subsequently begetting in the

patient a condition of distrust as to his sexual powers, highly desirable so long as he remains single, but often so deeply rooted as to be productive of much distress should he desire to marry."

"Sometimes the circumstances under which fornication is undertaken are such as to render the performance of the act difficult. Necessity for haste; fear of discovery; a dozen different causes may render the man quite unable to perform his part. One failure in men of nervous temperament, strongly predisposes to another."

"In some cases remorse is sufficient to prevent erection, and to produce a profound mental impression from which the patient with difficulty rids himself; usually, however, this emotion is not experienced till its workings are of but little immediate practical value. Disgusting sights or odors, such as uncleanness or vermin, have produced psychical impotence which has proved difficult to overcome."

"Instances illustrating some of the forms of psychical impotence are cited as follows:—A. B., an exceptionally healthy and vigorous man, aged 23, consulted me for impotence. His sexual organs were well formed; he had nocturnal emissions about once in six weeks. Examination of his emission on one occasion proved it to be swarm-

ing with seemingly healthy spermatozoa. In the morning he awoke with vigorous erections, and strong erections were excited by sights or stories calculated to produce this effect. On four different occasions he attempted intercourse, in each case with women of the town, and on all four occasions was entirely unable to have an erection."

"This patient was advised to make no further trial until after his marriage, which was then impending, and to make no trial at intercourse for two weeks after date. He subsequently regained complete control of his sexual powers, although the directions in regard to his post-marital conduct were not strictly observed."

"C. D., a strong man of 25, after a heavy drinking bout, passed the night with a woman of the town. In the morning she told him that he had unsuccessfully attempted fornication. He recollected nothing of the night, but was then absolutely without erection or desire, and only anxious to escape from the house. In thinking the matter over afterwards, the statement of the woman produced a powerful impression on his mind. He fancied that he was suffering from impotence, and to determine this question he made several trials, but in each case it was a failure. His morning erections were powerful, his sexual apparatus perfectly healthy; and as soon as the true nature of

his case was explained to him, his convalescence was rapid and complete."

"THE TREATMENT—of psychical impotence," says Dr. Martin, "will be successful in its issue, in proportion as the erroneous notions which the patient has formed can be eliminated. This is not easily accomplished. They have suffered for months or even for years from a condition which has preyed upon their minds, and has altered their entire characters. They come to the physician with fixed beliefs; they have a theory amounting to a conviction as to the organic nature of their weakness so profound, that no argument is sufficient to shake them out of it."

"Their usual theory is, in which they are as positive as sincere, that they are impotent on account of distinct lesion, or the wearing out of that portion of the nervous system which presides over the function of erection and ejaculation. In the great majority of cases they attribute this to masturbation, since this is practiced to greater or less extent by nearly every boy at one time in his life. They are loaded with false ideas derived from the scare literature they have read. And, an overwrought patient is not in a receptive condition of mind, to have his thoughts which have become a habit, and his profound convictions, brushed aside by advice, especially if it happens to be contrary to

his own ideas of his case. If the patient is sensible he will not be content with one or two dogmatic assertions; if he is foolish he will neither understand nor remember them."

"These patients usually postpone seeking advice till driven to desperation by the mental suffering which their condition entails. They consent to make what they consider their shame known on the chance that medical help may serve them. At the outset they should receive the sympathy and kindest attention of the physician. It may be taken for granted that the patient has read to a greater or less degree, the errors-of-youth and manhood-restored literature, so widely circulated by charlatans for the purpose of extorting money from this very class of patients; and the misleading nature of such writings should be explained."

"These patients should always be given medicine. A powerful tonic is of great value. They must be especially cautioned against trials to discover whether or not their power is restored. Under favorable circumstances such patients can confidently expect to find themselves completely potent; and with this assurance and with careful treatment the physician must rest content."

Dr. John Hunter describes a case of this kind:—"A gentleman told me that he had lost his virility. After about an hour's investigation of the

case, I made out the following facts: That at unnecessary times he had strong erections, which showed that he naturally had the requisite power; he said that the erections were accompanied with desire, but that there was a defect somewhere, which I concluded to be the effect of the mind. I inquired if all women were alike to him. His answer was, no. That some women he could have connection with as well as ever. This brought the defect, whatever it was, into smaller compass, as it appeared that there was but one woman that produced this inability, and that it arose from a desire to perform the act with this woman, but in connection with the desire there was a *doubt or fear* of his success, which produced an actual inability to perform the act. In connection with the treatment, I told him that if he could depend on his will power to cohabit with this woman for six nights, without making any attempt at intercourse no matter how strong his desires were, to try that plan. He engaged to do so and let me know the result. About a fortnight afterwards he reported that the plan had worked such a change in his mind, that the power soon took place; that only for his promise to me, he would have gladly shortened the time, and now that he having no more fears, had no more trouble in performing his part."

“Another author says—*Fear*, from whatever cause arising, is a very powerful factor in temporarily producing impotence, and one which often causes a more or less permanent loss of sexual power. The individual engaged in illicit relations, with the apprehension of detection constantly before him, fails at the moment he attempts intercourse, from the absolute inability to maintain an erection, and, indeed, *any emotion will*, if strongly felt, almost invariably lead to a like result.”

Dr. Acton, adds experienced testimony to the same facts; speaking with reference to the confirmed masturbator he says:—“But when he attempts for the first time, or at long intervals, to accomplish sexual intercourse, he may experience much difficulty and very little pleasure; for, being naturally timid, he dreads the exposure of his infirmities, and is on the whole thoroughly ill at ease. His ignorance, his conscience, the very novelty of his position, and the dread of exposure and failure, tend, for the time, to paralyze his sexual ability.”

“Sometimes, as we have seen, the attempt to enjoy sexual congress is followed by failure. It would be an extremely rash judgment to conclude at once that the failure is due to real or permanent impotence. A timid man distrustful of his powers may marry, and obtaining no encouragement or sympathy from his wife, fail in the attempt to con-

summate the marriage; again, first attempts are frequently failures, from the novelty of the situation and the ignorance and awkwardness of both parties in the manner of approach. If the man allows this first failure to worry him, or if the thought takes possession of his mind that perhaps he is impotent, then, if he has not proper medical advice, he is no doubt, in great danger of becoming permanently impotent; but in the great majority of such cases, proper medical advice and treatment is all that is required to call into action the latent powers."

Atonic Impotence:—This form of impotence is probably more common and quite as distressing as any other. The term—*atony* or *atonic*, means—debility—weakness. Atonic impotence, therefore, actually is, and most nearly conforms to the popular idea and definition of the sexual condition called impotence. Symptomatically, atonic impotence, bears a strong resemblance to psychic impotence, which we have just been considering. Atonic impotence, however, is broader in its scope, and has this distinct difference, that it is an abnormal condition of the sexual organs themselves, while psychic impotence is an abnormal condition of the mind, acting on the sexual organs. In medical parlance one is a functional disability,

while the other is a psychic or mind influence, that causes a functional disability.

The characteristic symptoms of atonic impotence are:

First:—Erection being either feeble, or if strong subsiding, to a degree of total collapse prematurely, before emission.

Second:—The irritative form in which the emission occurs prematurely, either with or without erection, and happens on attempting coitus; also from any of the numerous causes that may irritate or excite the sexual organs, and which are commonly met with in every-day life.

It is hardly necessary to say that the most common cause that produces this atonic, weakened condition of the sexual organs is masturbation or sexual indulgences and excesses of some kind. The location of the *hyperesthesia* (excessive sensibility) is generally in the prostatic part of the urethra; and, besides the leading causes mentioned, it is frequently the result of gonorrhœal inflammation and stricture, and also from strongly acid or irritating conditions of the urine.

“In a certain percentage of cases arising from gonorrhœa,” says Dr. Martin, “the prostatic urethra becomes inflamed, producing distressing symptoms, and in addition to a frequent urgent desire to urinate, there is often distressing *tenesmus*

(spasmodic pain in the rectum), and a few drops of blood will be discharged at the end of each act of micturition (urination).

“As a consequence of long continued irritation, the mucous membrane of the prostate undergoes the changes characteristic of chronic catarrh. The terminal sensory nerve filaments are involved, and reflexly keep the centers for erection and ejaculation in a state of hyperesthesia. Frequently this chronic catarrh runs on to a condition called *prostatorrhœa*. In this case the patient complains of a discharge of fluid during defecation and urination, also during erection, when there is neither excitation, pleasurable sensations, nor ejaculation. (This is the fluid that generally causes so much alarm and anxiety to the patient, from the false notion that it is semen. In reality it is of the same nature and is just as inert and harmless as is the catarrhal fluid that is secreted by the mucous membrane of the nose.)

“Atonic Impotence from Sexual Excess—is probably more frequent than the histories of cases would lead the surgeon to infer. This is because men and boys are notoriously untruthful in regard to the amount of their sexual indulgence. Some, and usually those having the least powers, and who exercise these powers most moderately, will confess to indulgences, and nar-

rate experiences before which the records of the wildest satyriasis pale. Others cursed with violent and unchecked passions, are, according to their accounts, moderate to an extreme."

"It is particularly in those who practice self-abuse that the form of impotence that is due to sexual excess is found. With these unfortunate patients, an admission as to the extent to which they yield to temptation is almost never obtainable. In a fairly extended experience I have known of but one instance where the patient frankly acknowledged that he still continued the habit and was unable to conquer it."

As a typical case of aggravated impotence directly traceable to masturbation, the following is narrated:

"E. F., a mechanic, aged 26, was always healthy; until his eighteenth year had never masturbated. He then discovered that pleasurable feeling could be produced by local friction, and practiced it several times a day for one year. Up to the time of commencing the habit, he had been strong and well, and on two occasions had performed the sexual act successfully. Discovering that the habit was doing him harm he endeavored to stop it, but was only partially successful. He had cold, clammy hands; sunken, dark-ringed eyes, avoiding the gaze of his questioner and watering freely; muddy,

pimply, flabby face; dry, brittle, unkempt hair; scraggy neck, with prominent Adam's-apple which rose and fell in a distressing manner whenever he was addressed, or when he attempted to speak. His gait was slouching; he was uncertain, hesitating and timid in speech, with the words imperfectly pronounced, and the sentences half spoken; he twisted his body uneasily while sitting, or supported himself while standing up, and nervously shuffled his feet."

"From his incoherent speech I gathered the history I have given, and also the fact that his memory was gone; that he was unable to concentrate his attention upon any occupation; that he suffered from pains in the back, running down his legs; that he passed water frequently and often had to hurry; that he had pollutions once or twice a week. That within the last few years he had occasionally feeble morning erections. He was tortured with inordinate sexual desires, but on the first sexual contact instantly ejaculated, often without erection, or even without voluptuous sensations, and was impotent from being unable to complete the sexual act."

"Examination of his sexual organs showed that they were not more developed than those of a boy of twelve or fourteen years. The patient was in despair over his condition, and was suffering from

all the reflex urethral symptoms of which such cases complain. As a result of some weeks' treatment he returned greatly improved, with the power of erection partially restored. But I have every reason to believe that during the treatment the patient continued to masturbate, and that his ultimate cure was prevented by a continuance of the habit."

"Atonic impotence from prolonged but ungratified sexual excitement, is oftenest found in men of a neurotic tendency whose thoughts habitually dwell on sexual pleasures, who are given to fondling women without violating the written law, or to onanism not carried to the point of ejaculation, and whose occupation is neither mentally engrossing nor physically fatiguing. Thus I have most frequently seen young farmers troubled with impotence from this cause. Commonly it develops into a condition of prostaticorrhœa, which exceptionally runs on to spermatorrhœa, and finally complete paralytic impotence with profound deterioration of moral fibre. Such a result is rarely produced by an excitement prolonged through days, or even weeks and months. It often takes years to produce appreciable effects. The following case illustrates this class of atonic impotence:"

"G. H., a well-to-do farmer, of twenty-two, never masturbated but once, but during his child-

hood and youth his mind brooded almost constantly on sexual subjects, which rendered him sleepless at night and unfit for his work days. At such times he had repeated and painful erections, suffered with pains in his testes and back, and had night emissions. In his sixteenth year he was thrown much in the company of a young woman, with whom the circumstances of country life left him alone, and whom he caressed on every opportunity, confining himself within the limits of decency. As a result his previous sufferings became augmented, and his nocturnal pollutions were more frequent, averaging two or three in a week. He finally suffered from daily pollutions, at first after more than usually prolonged excitement and as the result of some slight friction. These emissions were excited more and more readily, till finally they would take place before the penis became fully erect and on the slightest psychical or physical excitement."

"In his twentieth year he eschewed the company of women, but the sexual weakness steadily became more aggravated. The jolting of a wagon or of a mowing-machine would cause feeble erection and emission, some times repeated two or three times a day. A well-marked condition of prostaticorrhœa was developed, and on approaching a female the semen flowed out without the slightest

sign of erection, and with only very feeble pleasurable sensations. The mental condition of the patient was deplorable; he had lost twenty pounds in weight, suffered from headache, giddiness, from palpitation, heartburn, weak back, pains, particularly severe in the hypogastric region and the right hip, and had become so desperate and despondent that he was prepared for any measure that would give him relief. He begged to have his testicles removed, and indeed, was quite determined to perform this operation himself if the surgeon refused to perform it."

"The treatment of this case produced such a change in the man's condition that he became active in all social affairs of the country, he ceased to be troubled by diurnal pollutions, and had nocturnal emissions not more frequently than healthy men do. He experienced vigorous morning erections, absent for more than two years, and regarded himself as cured."—*Dr. Martin.*

The treatment of this class of impotents must be based on the avoidance of all that tends to produce the exciting causes. This end is not always accomplished by simply forbidding association with women. There is in the majority of these patients a mental perversion, a persistent dwelling of the mind on sexual subjects, which is in itself sufficient to produce local irritation. The patient must be

urged to use all his strength of will to overcome this tendency. It is an absolute necessity that he find some occupation, that will engage his attention for, as stated elsewhere in this book, *substitution* is the only thing that will prevent temptation. He should not dally with temptation, but banish it at once; avoiding above all things all books, pictures, and conversation, that will excite the sexual passions. Out-door work or exercise in moderation is so desirable it may be called a necessity. This course faithfully pursued by the patient in connection with suitable sedatives to overcome local irritation, and a tonic to build up and give tone to the weakened organs will work wonders in restoring the lost powers. But no physician is justified in promising a 'quick cure' or a cure at all, if the patient will not faithfully co-operate; all such false promises should be left to those who make a business of deceiving the unfortunate.

Erection not Lasting Long Enough is a common feature of atonic impotence. Dr. Acton says:—"This is one of the varieties of disordered erection which is not infrequent, and gives rise to a great deal of annoyance. A married man considers himself potent; he wakes with erections of a morning, and finds that they occur also under excitement, but to his chagrin discovers that when he attempts sexual intercourse the erection ceases,

and the act is imperfectly performed. because the organ all at once suddenly collapses."

"In the opinion of the patient this is a very serious matter, but fortunately the medical man is able to give a very reassuring opinion. I have known this form of disorder to arise in some instances from *waiting too long*. Erection will last but a certain time, this of course varying in different persons, and in some it can be maintained only a short time. Persons so circumstanced should not dally, otherwise failure is likely to occur. I advise the patient not to attempt to repeat the act for twelve or more hours, not until strong desire recurs; then let him take care *not to delay the act*, and he will generally find that the erection will suffice. When the patient has reason to believe that the weakness is the result of excessive indulgence, the prudent man will take warning and not give way to his passions so often."

"In other cases it frequently happens that the act is defeated by the frenzied impatience of the patient to *force* a quick entrance into the vagina; in such cases he is not aware that the old maxim of "the more haste the less speed," holds true. The newly married man does not know, and others are sometimes slow to discover, that the female organs make an involuntary defense against being hurt; and that the more haste and force he applies,

the less likely he is to succeed. In such instances, perseverance, conducted with moderation and gentleness, is the remedy. The patient needs to be informed that if from protracted effort the erection weakens, that grasping the penis firmly with the hand lends such encouragement and support to it, as to prevent collapse, and promotes the successful completion of the performance; simple advice of the physician to the newly married, as to position and procedure, that the woman should lie on her back with her hips elevated and knees drawn up, and to the man that he should use his hand to guide and support, and should then temper his eagerness with moderation and gentleness,—has been all that was necessary to cure many a case of supposed impotence."

Atonic impotence is sometimes caused by spermatorrhœa; it is described by Lallemand as follows: "One of the earliest symptoms of spermatorrhœa consists in a *diminution of pleasure* during the act, even before the general health has become deranged. At the same time that the sensation becomes weakened, erections are less complete, and duration is greatly shortened; ejaculation is more rapid; it becomes, in fact, so precipitate, that intromission cannot take place. The act, in regard to its duration, is reduced to almost nothing, and the same may be said of the other phenomena.

ELEVENTH DIVISION.

MASTURBATION AND SEXUAL EXCESSES.

“Who can understand his errors? Cleanse thou me from *secret faults*! Let them not have dominion over me; then I shall be innocent from the great transgression.”—*Ps. xix.*

“He that is without sin among you, let him first cast a stone; and they which heard it, being convicted by their own conscience, went out, one by one.”—*John viii.*

THUS far, the attention of the reader of this book, has been directed principally to the—*effect*—of the depletion of *vital energy* as manifested in the sexual system, and now, before proceeding further in that direction we propose to consider the two principal—*causes*—which have been frequently mentioned,—*masturbation*—and—*sexual excesses*.

Of the many temptations and evils mankind is subjected to, there is one, which, although carried on in silence and secrecy, stands alone, as the most seductive, and the most destructive, of them all. Its name is given in the caption of this chapter.

This great evil fastens itself not alone on the weak, the ignorant, and the vicious, as the ‘holier

than thou' would have us believe, for not infrequently among its victims are found ensnared the innocence of youth, the virtue of womanhood, and the strength of manhood, as well as those who stand for morality, religion, and the highest intelligence.

When we follow the history of this evil with the view of discovering the influences and causes that have promoted its inception, continuity, development and strength, we are astonished to find that civilization, education, and refinement have almost no restraining effect upon it, but on the contrary are the very elements that promote its development, and furnish the environment within which it flourishes best.

There is no strength of the body, no function of the mind, no opposition of the will, that can be safely and absolutely relied upon from its superior force or from nobility of character, to rise above and overcome the seductive allurements, of this most debasing evil.

In asserting this we do not, however, intend to infer or be understood, that moral resistance is useless; for, as we shall endeavor to show, moral principles in combination with will force, is the first and most potent of all forces or remedies in the treatment, to be adopted by those who are earnestly seeking emancipation and deliverance.

Here, then, is a subject of unlimited importance to the individual, to the family, and to the state; it destroys the development and happiness of the individual, cuts off the perpetuity of the family, and whatever subtracts from the individual and the family, must in a corresponding degree undermine the foundation of civilized society, and of the state.

Business suffers, from the loss of energy, force, and attention that has been frittered and dissipated away by it. But perhaps more than any other class, professional men, brain workers, suffer most; for both the quantity and the quality of the brain product, is immediately depleted and subtracted from by sexual excesses.

The brain and the sexual organs are both exhausters of that subtle but indefinable something called nerve force or vital energy; indefinable, because in its manifestations it is the connecting link between mind and matter, bearing a close affinity to life itself: and what life is, science with all its mystery-penetrating power, has not been able to discover.

Of the affinity there is between the product of the brain, and the product or secretions of the sexual organs, and the influence one has over the other, more will be said elsewhere in this book; special mention of it has been made in the section

devoted to the influence of semen on the physical economy.

When we contemplate the far and deep-reaching power of this great evil, we stand amazed that so little is done, that apparently so little can be done to prevent it. The state builds asylums to receive its victims, but it has no power to stop the cause of the dementia that fills them. From the church, and from the Young Men's Christian Association, there occasionally emanates a sermon or a lecture to "men only," but such sermons and lectures are so infrequent, and so far removed from the majority of those that need them, it is probable that not one ten-thousandth part of those who need information or advice on the subject, ever receive any from that source. More than that, it is an open question whether or not, such brief private lectures, given with the best of intentions, do really operate as they are intended, or exactly the reverse.

If the query seems unreasonable, let us not forget that sometimes, 'when ignorance is bliss 'tis folly to be wise,' but it is not so much for this reason, as it is because a truth or fact but half told, often might better not be told at all. These private lectures are generally so incomplete, what is told is all, and only, on one side of the subject, and is in the nature of a warning; with a half apology couched in vague mysterious phrases, the 'woman

in scarlet' is introduced, and a secret vice is chastely and cautiously hinted at, and vehemently anathematized; a terrible warning and penalty is hurled against something, and the young man goes out with about the same knowledge that he had when he entered, but with an appetite whetted for forbidden fruit, his mind having been more receptive to, and exercised by the hidden mystery of it all, than by the warning against danger.

If, then, at this point the question is raised, whether it is advisable to not discuss this subject in public, we acknowledge at once that the problem itself is so full of elements that are paradoxical and contradictory, as to render it a most difficult question to answer. In the outset, the public lecturer meets and has to contend with some of the same obstacles that embarrass an author who attempts to write a book for the general public's information on a subject, the very mention of which, society ostracizes. And, while it is comparatively easy to speak or to write to a public whose mind is mature and educated,—minds that can understand and apply inferences, and technical language, it is a very different and more difficult thing to impart knowledge on such a subject, so that its scope and usefulness may be plain and direct, and its meaning understood by all ages and classes of men, many of whom, presumably having

sterile, uneducated minds, require the description and phraseology reduced to a simplicity and bluntness bordering on vulgarity. This, however, is only one of the difficulties encountered in speaking or writing on the subject of sexual excesses, and perhaps it is a minor one at that.

To determine, whether the effect of public lectures on this subject are beneficial or otherwise, it would be necessary to know in advance the condition both of body and mind, of each individual that was spoken to. This, of course, would be a practical impossibility. In the administration of medicine there are some drugs that have two or more physiological effects, and these effects may be in direct opposition one to the other; it is precisely the same with mind treatment; that which may be adapted to and beneficial in the one case, may operate as a poison and injury in another case.

The position of parents and teachers, relating to the subject of sexual matters, may be likened to that of a gardener. He exercises the utmost care and vigilance not to sow any weeds himself, nor to allow others to scatter them in his field; still, he cannot withdraw his care and attention, and presume that because no weeds have been sown, that none will appear; for the most harmful ones will thrust themselves forward spontaneously; from whence they come, or what introduces them is

often a mystery; yet there they are; they flourish; they grow. It is the same with sexual vice in childhood and youth; it often appears spontaneously, without any apparent initiation or introduction by outside parties, and once it is started, it is a most obstinate thing to get rid of.

It is the opinion of the author, that mere assertion and warning against the harmful effect of sexual indulgence to excess, no matter how terrible and dangerous it may be pictured, will make but little impression on the person spoken to, if it is not corroborated by his personal experience; and that such warnings have but small restraining or preventive effect.

If mere knowledge alone that a thing is wrong or harmful, were all that is necessary to prevent people from doing it, how quickly this world could be purged from the danger and the effect of sin and evil, and a veritable paradise established.

To fight the allurements of all vice, and of sexual vice in particular, the weapon most generally needed is not knowledge, for the majority of the victims of any vice, have a pretty clear conception and knowledge of what they ought not to do, as well as what they should do; but what they have not got, and the weapon they most do need is,—*the power of resistance.*

Yes, says some despondent reader, all that you

have said thus far is true enough, but there is nothing new or helpful in it. I know what is right, and I know what is wrong; I know all about the evil and harm that follows the violation of physical law in sexual matters, all of that I possess; but the one thing needful, the one thing my whole being ever cries out for, when my blood is on fire and my brain whirls with temptation, the one thing that ever seems so near yet standing just beyond my embrace, dallying with broken vows and broken resolutions, the one thing that would save me from the depths into which I am falling, is,—the power of resistance.

When a patient confesses that he has no power of resistance, careful examination into the history of the case, generally brings out the fact, that his efforts in that direction are only such as follow a fit of remorse immediately after the act. The feeble effort that he then makes, is in effect entirely lost, because it is made at the wrong time.

It is folly, as well as an impossibility, for a man to gratify the *temptation* of his sexual passion in any way,—and there are many ways—until his brain and sexual organs are in a fervent heat of excitement, and then expect to escape the natural sequence that is sure to follow; or, to try to fool himself or his physician, by imagination or pretense that he has made any real manly effort

toward *resistance*. The only forbearance that will be effectual or do any good whatever, must be made at the very first moment of temptation; *even the causes of temptation must not be dallied with*—they must be banished instantly.

It is born in me, says a young man—how can I banish it?

Many a man tries to excuse the gratification of his sexual desire, even to excess, on the ground that it is a natural passion which he is not responsible for, and which he cannot prevent.

Such an argument is both specious and deceptive; for, while the sexual instinct comes with birth, and varies greatly in its intensity in different individuals, the cases where the natural passion is beyond control, are so few, providing an earnest, determined effort is made to overcome it, they are an exception, not within the scope of our consideration.

Not so rare, however, are the cases wherein this natural passion is indulged in *without restraint* until the power of controlling it is so weakened, that it eventually results in distinct lesions of the physical economy, forming disease. This state of it, varies in its intensity from abnormal passion seemingly but just over the bounds of self-control, up to the violent sexual mania which the medical profession designates as *Satyriasis*, in the male, and *Nymphomania*, in the female.

As has before been stated, it is not a part of the purpose of this book to deal with the sexual problem from its moral point of view; except to notice the effect of the remorse and depression on the physical economy, which is due as much to the breaking of the moral law, and the degradation and stigma that follow it, as it is to any actual organic lesion.

Masturbation and sexual excesses, are an infringement of the natural law of the functions of the body, called health. They are harmful indulgences, to gratify an appetite; the man who gratifies his appetite for spirituous liquor, and the refined woman who gratifies her appetite for confectionery or pastry when she knows it will injure her physically, all alike, break the same law, and for the same purpose, and nature makes them pay the same penalty. There seems to be an injustice that moral ethics should make any distinction between them. If a man should be degraded because he cannot, or does not, restrain his sexual appetite, then why should he not be equally degraded if he cannot, and does not restrain his gastric appetite. "Let him who is without sin first cast a stone."

Masturbation:—This evil says Dr. Martin,—
"may be learned at a very early age. I have seen one child, nine months old, who to all appearances practised onanism. Children of two or three years

either learn it themselves or are taught the practice by their elders; sometimes by nurses who find that fingering the genitals, is an efficient method of keeping a baby quiet. It is generally believed that masturbation is one of the evils incident to school life. Many of the young men whom I have questioned on this subject, state that they discovered themselves the pleasurable sensations which could be obtained by friction, sometimes the first stimulus was provided by horseback-riding, or often from handling the organ induced by the itching occasioned by a mild balanoposthitis (inflammation of the glans penis”).

“Once learned, the habit is liable to be continued with an instinctive knowledge that concealment is necessary, until the boy is clearly made to understand that he is doing himself a permanent injury. Many medical students have stated that not until they began their professional reading did they learn that the practice in which they indulged was injurious.”

“The effect produced by masturbation varies greatly in individual cases. I have seen men who stated that from their fifth to the eighteenth year they masturbated almost constantly—that is, several times a week,—and yet who experienced no ill effect from it. (Bear in mind that Dr. Martin has before said that masturbators

are notoriously unreliable in their statements.) "Ordinarily," he continues, "where *indulgence is excessive*, the general symptoms are sufficiently well marked."

"The local symptoms, in the period of boyhood at least, usually excite neither attention nor anxiety. It is commonly taught that the masturbator may be known by certain peculiarities. Thus, he is given a low, mean look, a hang-dog expression; a pallid face; hollow, watery eyes; cold, moist hands; lustreless hair; constrained, embarrassed manner; drooping shoulders: a tendency towards twitching the muscles; frequent repetitions of swallowing motions on being addressed; weak knees; shrunken sexual organs; a timid, solitary, irritable disposition; often uncleanly in his habits; averse to all society, especially that of girls; and incapable of intellectual effort."

"This description may be true in certain *extreme cases*, but the absence of any or all of these features will not exclude the fact of this habit being practiced, and to considerable excess. Some of the frankest, manliest appearing, and apparently healthiest boys I have seen, indulged without stint in this practice, and taught it to their comrades with open-hearted generosity, delighted in the presence of the opposite sex, and showed in their expression and bearing, self-respect and innocent joy in life.

“The treatment of these cases must be both general and local. The sleep, diet, exercise and general hygiene of the patient must be carefully regulated. While under treatment, sexual indulgence of any kind, must be strictly interdicted. The patient should be particularly cautioned against making an occasional secret trial to discover whether or not he is gaining strength. All sexual excitement should be avoided with the utmost care, and if the thoughts run irresistibly in this direction, vigorous outdoor exercise, and cold bathing should be ordered. The urine should be rendered bland and unirritating, and appropriate dietetic and medicinal treatment must be administered.”

“There is in the majority of these patients a mental perversion, a persistent dwelling on sexual subjects, which in itself is sufficient to produce local congestions. In such cases the patient must be urged to use all his strength of will to overcome this tendency, He should be advised to seek an occupation that will keep him actively employed, both mentally and physically. This part of the treatment, by far the most important, depends entirely upon the strength of purpose exhibited by the patient.”

Abstracts from several authors are given in this book who are recognized authorities, in order

that the information given may be as complete and exhaustive as possible. It will be noticed that they are more or less contradictory, in the details, but that there is harmony in the deductions and conclusions. Lallemand,—for instance, is an author very much quoted by writers on this subject, but who in the light of modern views of it, is given to, too vivid coloring, and borders on exaggeration in his descriptions. He says:

“The symptoms which mark the commencement of the practice of this habit, are too clear for an experienced eye to be deceived. However young the children may be, they become thin, pale and irritable, and their features assume a haggard appearance. We notice the sunken eye, and long, cadaverous-looking countenance, the downcast look which seems to arise from a consciousness in the boy that his habits are suspected, and, at a later period, from the ascertained fact that his virility is lost.”

“I wish by no means to assert that every boy unable to look another in the face, is or has been a masturbator, but I believe that this vice is a very frequent cause of timidity. Habitual masturbators have a dank, moist, cold hand, very characteristic of great exhaustion of vital energy; their sleep is short, and complete marasmus (wasting emaciation) comes on. They may gradually

waste away if the evil passion is not got the better of; nervous symptoms set in, such as spasmodic contraction, or partial or entire convulsive movements, together with epilepsy, eclampsia, and a species of paralysis accompanied with contractions of the limbs."

" Besides the physical symptoms, there are many signs which should warn a parent to at once use all possible precautionary measures. When a child, who has once shown signs of a good memory and of considerable intelligence, is found to evince a greater difficulty in retaining or comprehending what he is taught, we may be sure that it does not depend upon indisposition, as he states, or idleness as is generally supposed. Moreover, the progressive derangement in his health, and falling off in his activity, and in his application, depend upon the same cause; his intellectual functions become enfeebled in the most marked manner."

" Provided the vicious habit is left off, or is not long practiced, the recuperative power of nature in the boy soon repairs the mischief, which appears to act principally on the nervous system. If, however, masturbation is continued for any length of time, nature replies to the call of the excitement, and semen, or something analogous, is secreted. When this happens, and the ejaculation gives

pleasure, there is then great danger of the habit becoming confirmed."

"In proportion as the habit is indulged in, the boy's health fails, he is troubled with indigestion, his intellectual powers are dimmed, he becomes pale, emaciated and depressed in spirits; his heart palpitates; and he suffers from timidity, bashfulness, and nervous excitement, on being spoken to by a stranger, or on the most trivial occasion; as a rule he prefers solitude, and devotes a large portion of his time to his sexual organs and his habit, whenever opportunity will permit it. At later periods, when from repeated abuse the pleasurable sensations become less and slower to respond, he increases his efforts to stimulate them."

The pathological symptoms may be noted as follows:

"At first we notice but little local irritation of the canal of the urethra. Pain may occur in making water, as well as frequent desire to empty the bladder; the orifice of the meatus is frequently found red, and ejaculation, which before could only be excited by much friction, now takes place immediately; the secretion is watery, and even slightly sanguinolent (tinged with blood) and emission is attended with spasm. A sense of weight is felt in the prostate perinæum, or rectum, and

anomalous pains are often complained of in the testes."

"Night emissions become very frequent, and are easily excited by slight erotic dreams. These emissions are at first attended with pleasurable sensations, but later the patient is only aware of ejaculation from having his attention the next morning attracted to it by the condition of his linen. In other instances the semen does not pass away in jets, but flows off imperceptibly. In some cases it makes its way back into the bladder, to pass out with the urine. Other patients will tell you that emissions have ceased to occur, but on going to stool, or on passing the last drops of urine, a quantity of viscous fluid, varying from a drop to a teaspoonful, dribbles from the end of the penis, which if collected, or allowed to fall on a piece of glass, and exposed to the microscope, may furnish spermatozoa in greater or less numbers." (More often this is only prostatic and urethral secretions, containing no semen or spermatozoa.)

"The vicious habit having impaired the growth, health, and intellect of the patient, often ceases to be indulged in, because the nerves of sensation being worn out, pleasure is no longer derived from it. The drain on the system during fæcation or urination, however, continues, and what at first depended on an artificial excitement, is kept up by the irritation

or inflammation of the urethra, vesiculæ seminales, and spermatic ducts. The two frequent irritation of the testes causes badly eliminated semen to be secreted, which is at once emitted. The mucous membrane is more sensitive than usual, and acquires an irritability like that often seen in the bladder, while irritability seems to be more or less general. I may mention here that pleasurable sensations seldom attend the expulsion of ill-conditioned semen; this is probably caused by over-abuse of the sensations, which become subsequently blunted. The patient is now frequently reduced to a state of complete bodily and mental impotence."

"It should be remembered that I am describing the results of only the worst and longest continued cases. The probability is that many who read this and who have at some time or other practised this vice, but have early abandoned it, their symptoms will be only of the slightest kind, and a speedy cure may be promised."

"Advertising impostors are eager, of course, to represent every case as being of the worst description; they exaggerate and magnify the symptoms without any regard to truth; I therefore desire to guard against being supposed to mean that in my opinion all, or even most persons, who have for a short time fallen into this wretched habit are

doomed to all the results above described. These results are, it is true, the end towards which sufferers are tending, if they do not conquer the propensity; but if they do so there is good hope for them."

"Nevertheless, the other extreme must be avoided, of thinking too lightly of the habit, or of denying it to be the cause of disease. It is not very long ago that an able physiologist told me he believed that one-half the boy population masturbated themselves more or less, and yet that the consequences were very slight. He said that he saw much of these conscience-stricken young men, who consulted him; but, in his opinion, they exaggerated their sufferings, and that writers on the subject had magnified the effect of self-abuse. This gentleman, and other professional men who agree with this view, have probably only met with slight cases; for there can be no doubt but there are many cases, whose wretched condition, both mentally and bodily, can hardly be exaggerated."

"My opinion is that, unassisted and without medical sympathy and aid, it is not an easy matter to give up the practice. When once the vile habit has become confirmed, the young libertine runs the risk of finding himself, a few years later, but a debauched old man. I have known lads and men of strong will, who have according to their own con-

fession failed, until they were aided by other remedies. Want of resolution is, of course, one cause of failure, and where there is strong hereditary predisposition to sexual excitement, the task often proves too great without medical advice and treatment; but let them by all means avoid falling into the hands of those conscienceless advertising pretenders who make a business of trading on the misfortunes of their fellow-men."

"One of the chief causes which impede recovery and interfere with the action of any remedies, is the mental *anxiety* arising from the horror and *remorse* which the patient experiences. This distress cannot be alleviated by the sympathy of others. Shame causes the patient to hide his condition from every one, until unbearable torment forces a confession. Some commit suicide, others die from the prolonged exhaustion of vital energy by the habit, together with anxiety, remorse, and gloomy forebodings, still others become insane, all of which is brought about and endured, because they have not been able to muster courage to reveal the cause of their misery. I often receive letters saying, *I would rather die than appear before you after such a confession.*"

"Feeling that he must be held in detestation by society if his disgrace were known, the fear pursues him incessantly. It appears to me, writes one

of my correspondents, 'that every one reads in my face the infamous cause of my disease, and this fear renders society unbearable; and what is more frightful, I have no pretext of justification or motive for consolation.''' (When a penitent feels this way it is a false accusation of himself, so far as there being no motive or excuse for his violation of the moral law; for it is probable that no transgression has a more powerful temptation to induce it, nor in the beginning is entered into more innocently than sexual abuse.)

To any reader of this book who may be bearing the burden and humiliation of self-condemnation, let us say in kindness, that, while the way of the transgressor is hard, and the violation of any law is subject to the penalty, regardless of whether the violation is done through ignorance or otherwise, nevertheless, justice decrees that, that which actually degrades a man is, when having a knowledge of good and evil, he deliberately chooses that which is evil. When temptation is thrown in a man's path, such as a book, a picture, a conversation, a thought, that will excite his sexual passion, then is his opportunity to choose between that which he knows to be right, and that which he knows to be wrong; then is his opportunity to choose between that which is pure, and upright, and ennobling, and that which he knows to be evil and debasing;

and if he makes no effort to escape, nor tries to turn away from the temptation, then he alone is responsible for the degradation that he deliberately chooses and brings upon himself. It is not so much the *commission* of the act of masturbation or fornication that degrades a man, as it is the *permission* of the temptation that first assails him, to go unchallenged, and unresisted; it is the *choice*, more than the *act* of evil, that degrades him, and for which he stands under condemnation by his fellow-men.

“If, however,” continues Dr. Acton,—“a patient will not attempt self-control,—mental—as well as physical, and if he abandons himself to humiliation and despair, making no effort for proper treatment,—the downward course may be very rapid and fatal. For, when this frame of mind has completely got possession of a man, the step to insanity in its worst and most hopeless forms is alarmingly short.”

“Perhaps of all the causes of failure of sexual power in adult life the induction of the sexual orgasm during infancy or youth is the most frequent. The fact that voluptuous sensations can be excited in children who are yet in their nurse’s arms, is well known to physicians, who are often called upon to treat affections of the nervous system which are the result of such excitation.

Epilepsy, chorea, and spinal diseases causing paralysis, sometimes have this cause as their origin, and the groundwork may be laid for still more deplorable conditions which are developed in after life."

"It is a law of the organism that any function which is over-exerted before the organs producing it are fully matured, is certain to lead to the derangement or even extinction of that function. A child whose brain is over-taxed by studies, which are in advance of those suitable for an immature brain, runs serious risks of becoming epileptic or imbecile. Another, who is set to the performance of physical work of too severe a character, is arrested in its growth, and becomes puny and feeble; and it is equally certain that a like result, so far as regards the generative system, will follow on a too early excitation of the sexual organs."

"In very young infants it is sometimes the case that in order to soothe them, nurses titillate the genital organs and thus produce sensations which are agreeable and which are subsequently desired. Eventually the operation is performed by the child, and, being continued through the period of puberty, may lead to complete impotence from loss of power, and often from loss of desire also. From a very early period in the history of medicine, the

effects of early excesses have been thoroughly recognized."—*Dr. Hammond.*

Tissot—among other evils of masturbation, calls attention to the fact that the organs of generation experience a large share of the evils of which they are the first cause. Many patients become incapable of having erection, and with others the seminal fluid is discharged by the slightest contact, and at the least approach to an erection.

It is proper to state that Onanism is particularly dangerous in cases of infants, and at any time before the age of puberty."

"Prevention Better than Cure.—"I cannot but think," says Dr. Acton, "that many of the evil consequences following this practice could be prevented by wisely watching children in early life; and, when indications seem to make it necessary, to point out the dreadful consequences that result from the practice, and kindly but solemnly warn them against it. I have noticed that all patients who have confessed to me that they have practiced this vice, have lamented that they were not, when children, made aware of its consequences. Almost all sufferers coincide in the statement that at the early age at which the practice is learned, it is generally mere curiosity that prompts them. And it is often, only when too late, that the adult finds out that the idle trick of the child, prac-

ticed in ignorance of the consequences, has resulted in seriously impaired health, if not in calamities that embitter his whole after-life."

"A vigorous, healthy boy is not likely to have any tendency to debase himself, and it is a question with many parents if it is wise to caution him against the vile habit of masturbation and its consequences. My own impression once was, that it would be a pity to poison the mind of a high-spirited lad with any cautions about such debasing practices; but that opinion has been altered by the confessions of many who, in ignorance of the results, have, by the example of others, been led to masturbate."

"I am of the opinion that the natural curiosity of children about sexual matters should be anticipated; a smattering of this knowledge being early acquired by watching animals, reading literature that hints about it, and which excites their feelings, but which teaches them nothing of the ill-consequences of the only sexual indulgence that they can practice at this early age. To suppose that a parent can keep a sexually-disposed child from knowing much that he had better not be acquainted with, shows a grievous ignorance of the infantile mind."

"There are many parents who, when reports of

police courts, or of divorce cases, seductions, and so on, appear in the newspapers, at once burn the papers lest their sons should read the details. There are others who regret that the usual channels of public information should publish such cases, fearing that the morals of their children will be corrupted."

"My answer to these anxious parents is, that in spite of all remonstrances, such details will continue to be published; but, I believe, that as a set-off to this publicity which so many deplore, we have the compensation of noticing that, if the youth becomes thereby familiarized early with the details of vice, the knowledge is accompanied with the practical lesson that illicit pleasure is invariably attended with much physical and mental pain. The veriest trifler who reads his penny paper cannot become acquainted with the offensive details there to be found, without listening to the attendant moral, and thus the antidote follows the poison."

"It is in this way that men of my mode of thinking make a distinction between the modern newspaper details and the prurient literary garbage, which, when it is not out-and-out obscene, skillfully infers and depicts illicit pleasures in all their most attractive and meretricious forms; but the debased anonymous author, omits to allude to the frightful consequences that illicit love or bestial proclivities

produce on all those who directly or indirectly indulge their animal instincts."—*Dr. Acton.*

There is no doubt whatever, but that the reading of obscene or erotic 'garbage' and looking at obscene pictures, is by far the most damaging of all sexual excitement. It is even worse and does more harm than masturbation itself. It not only invariably leads to masturbation, but the form and intensity in which it excites the nerves, and the indelible impression that it produces on the mind, is a far more obstinate evil to get rid of than the mere effect of masturbation. No patient can ever expect or hope for emancipation or cure of either the habit or its effects, so long as he persists in tempting his passions by having anything to do with such filth.

Parents and guardians sometimes find it a matter of embarrassment as to how to introduce this subject to youths, for the purpose of putting them on guard against the danger. The following suggestions and advice of a clergyman, seem to us to admirably meet this requirement:

"Advantage could, and ought to be taken of the opportunity when a boy says his catechism, to explain to him some of the terms therein mentioned. When a child is taught 'to keep his body in temperance, soberness and chastity,' it would not be difficult to explain to him what chastity is,

instead of leaving him to find it out as best he may. He might be given to understand that it does not merely mean that all indecency and foul language should be shunned. The child might be told that he must keep his hands from meddling with his secret parts, except when the necessity of nature requires it; and that any emotions he experiences in those members must not be encouraged, and thoughts which originate them must be avoided."

"When he grows older every boy should be taught that chastity means continence; that if he would be chaste he must not by any act of his own, or by any indulgence of lascivious imaginations, cause the fruit of his body to be expended. He should be taught that all such expenditure is a drain upon his whole system, and weakens the powers which God has given him to be employed only in the married state. He may be sure that 'his sin will find him out,' and that if he marries with his powers undermined by unlawful gratification, it will be visited upon his children also."

"If he is old enough to understand the subject, the youth entering upon puberty might have explained to him some of the mysteries of life; probably it would not be incompatible with his age to call his attention how that the life of the animal and vegetable kingdoms is continued and increased

through the power of reproduction, with which the Creator endowed the whole produce of the earth. That it is the nature of every living creature or thing 'to be fruitful and multiply'; that this power of reproduction or generation constitutes the very essence of life; that to enable this vital function to be fulfilled, every plant, and every animal, is furnished with organs of reproduction, for handing on the life it has received, and reproducing itself in its offspring. That this is the most important function of the whole vital economy of every living form."

"We might further explain to him that our life is bound up with the reproductive organs of the body. Now what every youth should know about himself is this,—that the two appendages of the body, of which we are too modest to speak, but which Holy Scripture calls 'the stones,' and medical men call 'testes' or 'testicles,' form the laboratory of the human body, where by a process of which we are quite unconscious, the blessing given to man at the creation is being fulfilled, and out of the system a vital fluid, which is the very 'essence of life,' the source of being (*a life and being, remember, derived from God*), is from the time of puberty, being constantly produced, to be employed when he reaches maturity, not in the gratification of the lusts of the flesh, but in the procreation of children."

“Effort should be made to impress upon the boy the immense importance of this vital substance, the seed of man, which is elaborated by the organs of reproduction; it should be made clear, and then impressed upon him, how terrible the consequences are, if this seed, this life is wasted from his body.”

Having explained that much, the opportunity is now at hand, to suggest to him, that there is a bad habit that boys sometimes secretly indulge in, of tickling and exciting these organs with the hand, and that every boy who does it, without exception, is afterward very sorry that he did it; that, while no one may see him do it, older people can tell by the general appearance of a boy whether he does it or not.

“It should never be forgotten for a moment that the strongest element of this vice is,—secrecy. In that respect it differs from all other vices; the temptation, and the opportunity, both exist within the one being. To gratify it, they do not have to confide in any one. Parents should not forget that explanations such as we have just outlined, advice, warning, even threats of punishment, all may go, most generally do go, for naught, when the habit is once established. Some boys are exceedingly clever in concealing their habit. The one thing he most fears in relation to it, is that it will be found out. Parents will find that far more effective as a

preventive, than advice, warnings, or threats of punishment, is to impress upon the boy that *it is impossible for him to keep it a secret*. It should be impressed upon him that it is not necessary to be caught in the act, before it will be discovered. We do not, however, approve of unjustly accusing or frightening a boy when there is no special reason for suspicion that he is guilty. Neither should he be made to feel that he has committed an unpardonable sin. Nothing can be worse than to break his spirit, and hopes of reform, by dwelling on the past, and giving him no kind word, to encourage him to put forward all the manliness there is in him in the future.

As before remarked the worst element of this vice is, the ability to gratify the temptation in—*Secret*. The next worst thing is its—*Strength*. When well established, it often proves stronger than the will, stronger than honor, friendship, kindness, or fear. Nothing can be worse, however, than a policy of degrading the boy in his own estimation. Do not attempt to impress him that he has lost, that which he can never regain; for aside from its being poor policy, in most cases *it would not be true*. Give him kindness, give him your confidence, give him a helping hand.

“No doubt it has struck others, as it has myself,” says Dr. Acton,—“how advisable it would be in

schools, and, indeed, in all institutions where bodies of boys or young men are collected, to establish if possible, a kind of public opinion as a rallying point for virtue. There is never any lack of fellowship and countenance for vice; the majority too often favor or support it more less openly. To make virtue, propriety, self-restraint, *fashionable* (so to speak), should be, it appears to me, one of the chief objects at which masters and tutors should aim." With admirable common sense and shrewdness, the Rev. Sidney Smith even recommends the enlistment of the *dread of ridicule* on the same side:—"Put a hundred boys together, and the fear of being laughed at will always be a strong influencing motive with every individual among them. If the master can turn this principle to his own use, and get boys to ridicule vice, instead of the old way of laughing at virtue, is he not doing a very new, a very difficult, and a very laudable thing?

"The help which such a tone of feeling would be to a wavering boy is incalculable. Supported by such a "public opinion" a well-disposed boy would have no need to blush when tempted or jeered at by the licentious. Innocence or even ignorance of vice, will no longer be treated as a dishonor, or a subject for jest. The better disposed will reprove any immorality, and utterly discountenance

all conduct that is inconsistent with the character of a gentleman. This manful meeting of temptation is not only, in my opinion, a far more courageous, but also a far more successful way of disciplining the young to virtue than that sickly hot-bed training, that keeps them more often *ignorant than innocent.*"

Herbert Spencer, says: "Remember that the aim of your discipline should be to produce a *self-governing being*, not to produce a being to be *governed by others*. As your children are to be by and by free men, with no one to control their daily conduct, you cannot too much accustom them to self-control while they are still under your eye. Aim, therefore, to diminish the parental government as fast as you can substitute for it in your child's mind that self-government arising from a foresight of results. All transitions are dangerous, and the most dangerous is the transition from the restraint of the family circle to the non-restraint of the world. Hence the policy of cultivating a boy's faculty of self restraint by continually increasing the degree in which he is left to his self-constraint, and by so bringing him step by step to a state of unaided self-constraint, obliterates the ordinary sudden and hazardous change from externally governed youth to internally governed maturity."

The testimony of the Rev. Sydney Smith, is in

the same direction: "Very few young men have the power of negation in any great degree at first. Every young man must be exposed to temptation; he cannot learn the ways of men without being witness to their vices. If you attempt to preserve him from danger by keeping him out of the way of it, you render him quite unfit for any style of life in which he may be placed. The great point is not to turn him out too soon, and to give him a pilot."

While preparing this book, the author noticed in a local newspaper an article entitled, "Our Growing Boys," which originated in the *New York Ledger*. The whole article was excellent,—would that there were more in newspapers of the same high character,—but we quote it only in part, as follows:

"No parent could wish to do anything to injure a son, yet they often do, and this is what makes it so lamentable, for, while the parents are bringing up their boys, they imagine that they are doing their best for them, when in reality they frequently are neglecting them. And how little of real training is given to the boys of many households. The morals of the daughters are strictly watched, while those of the boys are neglected."

"The boy's active mind begins at an early age to wonder over the mysteries of life, its whys and wherefores, and he is usually left to obtain his

knowledge from servants, his companions, or the loungers in the streets, and instead of a watchful father's explanations and much needed warnings of the evils that are attendant upon a life that is not pure and moral, he is allowed to store his mind with false ideas of life, if not those that are positively sinful."

"The growing boy, with his strong and restless nature, his animal spirits and questioning mind, needs a kind and restraining hand to guide him into manhood if he is to enter it in a pure and manly spirit—a hand to guide him along a path of virtuous living, to help him to hold firmly to a resolution to live as he knows he should, even though greatly tempted. And this helping, kind, restraining hand should be that of the boy's father."

"This confidence must have its beginning when the boy is small, when he will come to his father with all his little joys and sorrows for sympathy and find it. The father must never be too busy to listen, or to say a kind word, if the confidence is to be nourished and continued as the boy grows up. If the father keeps very near to the heart and mind of his boy, if he makes a comrade of him, as he ought, then in this comradeship will lie the boy's salvation, for only in the light of such a comradeship will the boy seek his father when he

begins to wonder about the *mysterious things* that his father is eminently fitted to explain to him."

"If this good fellowship between father and son be lacking, alas for the boy, and *shame upon the father*. Blessed and happy is the father who has lived so closely to his boy's soul as to be able to give him the help he needs and has a right to expect, to enter upon active life a worthy member of society, possessed of a manhood which he respects and is proud of, becoming a man who will make the world better, a man worthy of a good wife, and boys of his own to raise up in the way they should go."—*New York Ledger*.

The following views of *Dr. Edward L. Keyes* (published by Wm. Wood & Co.), coming as they do from a physician of large experience in such matters, are well worth careful consideration:

"No subject requires to be dealt with more honestly or more boldly in a work intended for the general public. Mystery on such a topic is folly, and that sentimentality is false and criminal which induces a writer to roll up his eyes and mourn the weakness of fallen humanity, and to mouth out his regrets that some people can be so depraved and shameless as to pollute themselves, and yield to that perverted instinct which leads to masturbation."

"It is this quality of false sympathy in writings

and advice to the young, which feeds the evil that it assails, and leads to its continuance by attacking the patient as if he were a culprit, and were to blame in the matter, *when really he is the victim of a natural instinct*. The nastiness of the thing and its unmanliness are not brought out. The real issue is shirked. The father hangs his head, beats around the bush, and tries to intimate to the son what he is driving at in giving advice on these subjects. The son sulks and hangs his head, and although perfectly certain of the meaning of his father's intimations, he pretends to an innocent ignorance of what his father is talking about; when finally, by a heroic effort, an understanding is reached between the two as to what the subject under discussion really is, the innocent son lies about it, and the simple father believes him—or perhaps, rather, persuades himself that he believes him—thanks heaven that he has so good a son, and, dropping the subject, tries to feel satisfied.”

“A very common method of attempting to prevent masturbation, or to correct the habit where it already exists, is through the instrumentality of—*fear*. This is stupid absurdity. Did fear of hell alone ever make a true Christian? The mind cannot conceive what it is to be ill so long as the body has never experienced anything but health. Sickness does not exist for the well man except as a

name. It is impossible for any one to comprehend or appreciate the feelings of any disease of the mind or body until it is experienced.

“This is particularly true of nervous diseases. The horrors of the Inferno and the bliss of Paradise are all the same an imaginary nothing, to the person who knows them only by description, and has no degree of experience with either. Moreover, the picture that is painted of the terrible weakness of body and mind so certain to be produced by secret vice, is generally overdrawn. The boy cannot take it in and make a practical application of it to himself mentally. He is perhaps terribly frightened at first, and struggles hard against passion and temptation for a while, and then gives way; for the emotion of fear, cannot hold against his strong natural instinct, and must yield.”

“Then, after the fall, the boy at first, experiences none of the terrible things that he has been warned against; but he has an experience of the pleasure and very naturally falls in with it, and if he thinks at all about the warning, it is with an easy feeling of assurance that probably he will be an exception to the rule. Thus, he goes on until he has been really injured before any of the symptoms manifest themselves, perhaps only to a very slight extent, and then he magnifies the possibilities of his misfortune by recalling all the terrors painted for him

years before by some over-kind adviser, and he becomes a hopeless victim to melancholy and hypochondria, not the result of his masturbation so much as from the terrible results of prolonged nervous apprehension, due to brooding over what he remembers of the advice given to him when he was young, together with what he has read on the subject since then."

"A right-minded boy is capable of very noble sentiments, and generally possesses more reason than we give him credit for, while his perceptive faculties are frequently superior to those of his elders. It is better, therefore, to help him by assisting what is noble in his nature rather than to attempt to bully him by a base appeal to his fears."

"The same sexual instinct that will drive an animal through fire and water to death, perhaps, and a man through folly to disgrace, unless controlled by reason, will, as certainly as fate, lead a boy to masturbation by one means or another, unless his case also is controlled by reason. Fear is powerless to hold a boy, blame urges him on, and sympathy destroys whatever resistance his own common-sense may have furnished him with." (There are many who dissent from the writer's views in this assertion.)

"The sexual instinct buds in a boy. He does not know why; he cannot understand it at first. If

much alone he stumbles by accident upon some unnatural means of gratification; if with other children, some one teaches him, and thus happens the initiative step to what in time becomes a confirmed habit of vice. Babies and young children are sometimes abused by their nurses, and indeed there are so many routes leading to the same result, that it is wonderful how any one escapes, as some few certainly do."

"The only safe course in the management of male children is to assume that they all trifle more or less with themselves—or at least that they will do so unless precautions are used to guard against it. The child must be recognized as a reasonable human being. He must be taught to look his instructor in the eye and to tell the truth. He must be encouraged to be manly and straightforward in his whole life. Out-door sports must occupy a large portion of his thoughts, and athletic exercises a reasonable amount of his time. He must go to bed at a regular hour when tired out with his daily duties, so that he will sleep at once, and he should not be allowed to lie in bed in the morning. He should not be left much to himself nor with older boys if it can be avoided, nor with older girls."

"But particularly should he be encouraged to free interchange of thought with his father, and

no subject should be denied respectful consideration. The relation of the sexes, as sure to be observed by a boy among animals, should be discussed in the same way that the planting of trees are talked of, but in the general spirit that regulates discussion upon other physiological acts, for instance, such as the movement of the bowels, or the action of the kidneys."

"If, finally, there is reason to suspect that the boy is abusing himself, from any evidence such as a tendency to slink away by himself, to lose his bold, boyish honesty of physical expression, to droop, to have morbid fancies, then he should be talked with plainly, not scolded, not sympathized with, not terrified, but he should be shown the dirtiness of his tricks and shamed out of the unmanly nastiness of trifling with a noble function, which trifling will injure his self-respect as well as his body. He should be impressed with the thought that it is wrong for him to practice this habit, just as it is wrong for him to strain his eyes, to over-eat, or to steal, or lie; that decent people do not do these things, and that this particular vice is peculiarly apt to do harm sooner or later, because it involves a shock to the nervous system—the most sensitive and delicate of all our structures."

"EXCESS IN MASTURBATION,—like excess in

sexual intercourse, *does* lead to a positive physical and intellectual decay; much evil, however, resulting from other causes is ascribed to these excesses. They are blamed for what they never did. Therefore, while recognizing that excess in any direction is dangerous (especially if it involves the nervous system), it is necessary to enter a protest here against the hypochondriacal complainings of nervous patients, chiefly with phosphatic urine, who ascribe to a limited amount of masturbation in early life, untold imaginary evils, from which they think they suffer at any later period in life. Such patients are generally unbalanced in mind. They stimulate the sexual appetite by various erotic fancies, and are really suffering from being in an unnatural state. *Unappeased sexual desires*, which they wilfully create, is the true name, very often, of their malady, and the first necessity for its cure, is common-sense, hard work, and a respectable marriage."

The author of this book desires to emphasize Dr. Keyes' closing remarks, by asking the reader to pause a moment and consider them. He undoubtedly states a fact that pertains to a great many cases of sexual troubles, when he says that "the true cause and name of their malady is,—*unappeased sexual desires*—which they—*wilfully create*. This is in accordance with what has been repeatedly stated

in this book elsewhere, that both the prevention and cure of sexual evils in any form, must first come through an effort and determination of the will, to suppress and *banish the temptations*. It will also be noted that his views corroborate the testimony of others that we have given, that it is not probable that a patient will be able to successfully banish temptation unless he 'substitutes' something in its place, such as "hard work" either mental or physical.

TWELFTH DIVISION.

THE EFFECT OF MASTURBATION AND SEXUAL INTERCOURSE COMPARED.

"THE question has often been raised as to whether masturbation affects the general system more injuriously than sexual intercourse, if both be practiced to the same extent."

"This is a difficult question to answer, since the conditions of comparison are practically impossible of fulfillment. But there is a wide-spread be-

lief not only in the community, but also among doctors, as to the effect produced by masturbation, by itself. There is a constant tendency to charge back to this practice many or all of the ills which arise during the course of a lifetime. Diseases of the genito-urinary organs are peculiarly liable to be considered as dependent upon onanism—justly, no doubt, in some cases. Hence, while the people who ascribe their ills to masturbation is legion, those who complain of the results of excessive sexual gratification are comparatively few."

"Immoderate indulgence in sexual intercourse requires the consent of another person, and, as a matter of fact, marks for its victims, at least in so far as immediate consequences are concerned, a comparatively small number of patients."

"The excesses of the libertine are usually paroxysmal, and are associated with an inordinate use of stimulants, the general effect of which quite overshadows the result from undue sexual activity. Among the men-about-town impotence is rare, except that form resulting from gonorrhœal inflammation and its results. Occasionally, however, after an unusually prolonged debauch, patients will appear complaining of feeble or absent erections. It is always a question in these cases as to whether this is the result of tobacco and rum, or is due to sexual

excess. The following is a typical case of temporary impotence from over-activity."

"B. D., aged 30; married ten months; masturbated moderately when a boy: was never excessive in venery afterwards; sexual functions performed normally. The patient's wife was of an exceedingly passionate disposition. During the ten months of his married life, with the exception of intervals of two or three days, twice a month, when he was called out of town, he was required to perform the sexual act two or three times every night. In the last month he was troubled with frequent urination and some urgency; his erections became imperfect, and ejaculation was premature; with immediate collapse of erection thereafter. At the same time he lost twenty pounds in weight; and suffered from headache, vertigo, palpitation, dyspeptic symptoms, constipation, and a feeling of lassitude. He was exceedingly nervous, so that the slightest sound would make him start violently. He had become petulant and morose, and had his mind turned almost constantly on sexual subjects. He was not able to concentrate his attention on business matters; was restless and exceedingly disturbed over his loss of power. With proper treatment and moderation for two months his health was completely restored."—*Dr. Martin.*

On the same question Dr. Hammond states his

views as follows: "Relative to the question whether masturbation or sexual intercourse is more readily productive of impotence, different opinions have prevailed, but I think there can be no reasonable doubt that the first is the more influential in bringing that condition about."

"This is not because it is in itself, so far as seminal loss is concerned, any more injurious, but for other reasons which I will proceed to state with as much succinctness as possible."

"In the first place, the facilities for the performance of masturbation are always to be obtained, and hence it allows of more frequent repetition than does sexual intercourse. The masturbator is always ready. He has only to retire to privacy for a few minutes and the act is accomplished. He can, if he chooses, pollute himself a hundred or more times a day, and hence produce a degree of exhaustion impossible, from lack of opportunity, if he restricted his acts to intercourse with women. But if women were at his command, and he practiced copulation as frequently as he often does masturbation, there would be no difference so far as the orgasm, and the emission of semen are concerned."

"Indeed, with the same amount of practice, if there were any difference in its exhausting effect, the sexual act, from requiring a greater expendi-

ture of muscular force, would probably be the more injurious of the two."

"So far as relates to the orgasm and the seminal loss, it is a matter of no physiological or pathological importance where the semen is deposited; it is the *frequency of the act* with its associate shock, which tells so greatly as a factor for the destructive result of masturbation in comparison with those due to sexual intercourse."

"Thus a young man who found himself impotent at the age of twenty-two, informed me that he had begun to masturbate at the age of nine, and had often performed the act ten or a dozen times a day for a month at a time. Such indulgence in sexual intercourse would be impracticable in any civilized country. It certainly would be impossible in London, Paris, or New York, notwithstanding the facilities which these and other large cities afford for forming sexual relations with women."

"For this reason, mainly, it is that most of the cases of impotence which medical men have to treat are the result of premature and excessive indulgence in masturbation, rather than in sexual intercourse."—*Hammond*.

"Every exaggerated evacuation of semen is susceptible of producing similar effects on the economy, in whatever way it may have been pro-

duced. Thus masturbation, marital excesses, or licentious habits, will produce one and the same effect. Morality has nothing to do with the physiological effect; both the married and the unmarried suffer from it."—*Lallemand*.

If the loss of semen were, as it is claimed by some, the first and only important thing that causes the train of evils that follows all the various forms of sexual vice or excess, it is self-evident that there would be almost no difference between the effect of masturbation and of excessive sexual intercourse. In that case, the ease of opportunity, and the frequency of the act of masturbation, would, as the eminent physicians we have quoted suggest, constitute nearly all the difference there is between them, in respect to the harm that they are each accountable for.

But when we view the condition of such patients as suffering from a loss of—*vital energy*—and that the loss of semen is only *one* of the contributing causes, and that—*remorse* and *anxiety*—are other contributing causes of equal importance, capable in and of themselves of producing temporary impotence, and the same profound disturbance of the nervous system that masturbation or excess does, then it is easy to see why that the evil effect of masturbation is far greater than that of excessive intercourse, although it is of the same nature.

The reason of this is apparent, for in masturbation there is a combination of three distinct but powerful exhausting forces that act together to subtract from the vital nerve force or energy, namely: the excitation and nervous shock that is completed with the orgasm; the expenditure of semen that has to be replaced; and last but not least (for it is more continual), there immediately follows remorse for the act, and anxiety as to the consequences:

But in excessive intercourse, there is but the first two causes, the nervous shock, and the loss of semen that has to be replenished. In intercourse that is licensed by marriage, there is seldom any remorse, and the anxiety even when the act is repeated to excess is ordinarily very little. On the other hand, when the act is mutually agreeable to the parties engaged in it, it is followed by repose and contentment, by pleasant and exhilarating memories, and these work exactly the opposite of remorse and anxiety; they operate as a sort of counter-balance to the exhaustion of the nervous shock, and their tendency is to replenish the energy that has been expended, instead of further subtracting from it, as is the case from the anxiety and remorse which follow masturbation.

THIRTEENTH DIVISION.

EFFECT OF SEXUAL EXCESSES COMBINED WITH BUSINESS EXCESSES.

AN interesting book might be written on—
Business Wrecks *vs.* Sexual Wrecks. In such
a work the first question that would come forward
for consideration would be,—which was responsible
for the wreck; business instinct, or sexual instinct;
business excess, or sexual excess? Second, which
of these instincts dominates over the other? And
third, what is the result of the combination of both?

The instances are all about us in abundance, in
which the sexual instinct has led men to stray from
every path of duty, including the neglect and
in many instances the complete abandonment
of their obligations and imperative business in-
terests, the result of which was, the partial or com-
plete wreck and ruin of the business. This is un-
doubtedly the primary cause of thousands of busi-
ness failures that is not so put down in the Com-
mercial Reports.

And this happens through various ways and
channels. Sometimes it is from the waste of time
that should be devoted to business, but which is

given to the illicit company of a paramour; sometimes it is from misplaced confidence in the deceitful intriguing advice of the paramour, relating to business, which warps and changes the otherwise good judgment and steady purposes of the business man, but oftener, and more insidiously it interferes with business prosperity and success, from its depletion of the vital energy which is so essential to business.

The sexual excess subtracts from and weakens those quick, keen perceptions, and also the mental and physical activity that are so indispensable to business success. He has no 'snap' no energy, no ability to 'hustle,' is the common observation of his friends and competitors. These have been dissipated away, either by solitary vice, or in some woman's chamber. Many of the brightest intellects, and the most successful men in the world's history, the mighty Samsons and valiant Antonys, have met their final defeat, when nothing else could conquer them, through lust for intriguing Delilahs and voluptuous Cleopatras.

It is, however, not so much in line with the purpose of this book, to note and discuss, the incidental or outside influences and results of sexual acts and excesses, as it is to note all those influences and causes which have either a direct or a reflex action upon the sexual economy itself. Prominent among

these causes, is the exhausting excitement, care, losses, and worry, that are a part of every active business. As before stated in this book, some men's faculties are so entirely absorbed in business, or in some mental or physical work, their sexual appetite and ability become practically dormant for the time being. To all practical intent, action, or ability, they are temporarily impotent; and it is possible to continue so long in that way of living, excluding everything of a sexual nature, that permanent impotence may be the result. It is probable, however, that permanent impotence never happens from this cause so long as sexual desire is not dead; it is a mental more than a physical disease.

'The pace that kills,' however, is that in which both business excesses and sexual excesses are combined. Exhausting the vital energy through the brain, and exhausting it through the sexual organs at practically the same time, is literally "burning the candle at both ends." There is no vitality that is strong enough to stand that sort of treatment for any length of time without breaking down under it.

It is, therefore, particularly harmful when men resort to liaisons and cohabiting with women, as a sort of make-shift to temporarily banish care and trouble; it is like whipping a horse to keep up his

failing action, instead of feeding him to keep up his strength and endurance. It is very true, that amusement, or anything that will make an absolute diversion and change for the mind after business hours are over, is not only beneficial, but is frequently an essential necessity to health, but it should never be sought for through sexual relations, especially when the man feels 'worn out' or depressed, from any cause.

There is still another condition which business men and brain-workers sometimes complain of. It happens when there has been intense or protracted mental effort; the mind becomes weary, there is confusion of thought and inability to longer clearly concentrate the mind on the subject; in connection with this feeling there may be a *teasing irritation in the glans penis*; the glans becomes a deeper red, more sensitive to touch, and if not subdued, the irritation increases until there is a fervent, almost irresistible desire to produce the orgasm; this is a *fearful temptation*, especially when it is discovered that after the desire is gratified, and the nervous shock experienced, the brain will clear up, and be ready for work again; the tumultuous confusion of the brain and body will have passed away, and the equilibrium be restored.

This relief is false and deceiving in its nature; it is a feeder of vice; and if indulged in, the de-

sire will be cumulative and more frequent until a habit is established, similar in its process to the formation of other habits of vice. The remedy lies, as in all similar conditions, in preventing the temptation. Diverting the mind to something different and less absorbing, will generally accomplish the desired effect; but when it fails to subdue the teasing irritation in the penis, there are remedies (a topical sedative) which when applied directly to the glans, *will immediately quiet the irritation, and remove the tempting desire.*

FOURTEENTH DIVISION.

WHAT AMOUNT OF INDULGENCE CONSTITUTES SEXUAL EXCESS.

WE now come to the question of questions—what constitutes sexual excess? Probably more persons are interested in the answer to this question than in any other information this book contains, excepting perhaps the treatment of disease. It is the question most frequently put to the physi-

cian, that relates to sexual matters. The patient anxiously desires to know whether he has been, or will be injured by a certain amount of indulgence; and, through ignorance he imagines that there is some definite, some hard and fast limit that can be laid down that he can go by.

While we regret that no limit can be definitely stated, no rule that would be applicable and invariable for every individual alike, we will endeavor to remove some of the common errors that are entertained and promulgated in relation to it, and at the same time put the reader in possession of such information as the best and most experienced authors have given on the subject, and which we believe will be a safe guide for his conduct in such matters.

We will first quote Dr. Martin, who states as follows:

“It is desirable to determine what may be considered a normal amount of sexual strength. Individuals vary so much in this respect, it is impossible to set a standard. Perhaps it is fair, however, to state, that a man between his twentieth and fiftieth year, who is not over-worked or unduly harrassed, who is in good physical condition, and who has only the proper and legitimate degree of sexual excitement, should be able to have intercourse on an average of twice a week (the act lasting from three to five minutes before ejaculation occurs), and should

not experience as an after result a sense of fatigue or exhaustion."

"It must be clearly recognized that everything which tends to lower vitality, such as anxiety, excessive work, either bodily or mental, insufficient food, impaired health, and the alcoholic or tobacco habit, any of these causes either separately or combined, may render an indulgence to the extent above mentioned distinctly injurious, or even quite impossible."

"On the other hand, those having an exceptionally vigorous constitution, and particularly those who live much in the open air may quite safely far exceed the limit given. It must also be recognized, that power and desire are not always commensurate, and that, particularly in the case of brain-workers, the latter is liable to be greatly in excess of the former."

Another writer, speaking of sexual excess, says: "It is a common notion among the public, and even among professional men, that the word *excess* chiefly applies to *illicit* sexual connection. Of course, whether it is extravagant in degree or not, all such connection, is from one point of view, an excess. But any warning against sexual dangers would be very incomplete, if it did not extend to the excesses too often committed by married persons in ignorance of their ill effects."

“Too frequent emission of the life-giving fluid, and too frequent sexual excitement of the nervous system, are, as we have seen, in themselves most destructive.”

“The result is the same within the marriage bond as without it. The married man who thinks that, because he is a married man, he can commit no excess, however often the act of sexual congress is repeated, will suffer as certainly and as seriously as the unmarried debauchee who acts on the same principle in his indulgence—perhaps more certainly, from his very ignorance, and from his not taking those precautions and following those rules which a career of vice is apt to teach the sensualist.”

“Many a man has, until his marriage, lived a most continent life—so has his wife. As soon as they are wedded, intercourse is indulged in night after night; neither party having any idea that these repeated sexual acts are excesses, which the system of neither can with impunity bear, and which to the delicate man, at least, is occasionally absolute ruin. The practice is continued until the health is impaired sometimes permanently.”

“Then, when a patient is at last obliged to seek medical advice, his usual doctor may have no suspicion of the excess, and treat the symptoms without recommending the removal of the cause,

namely, the sexual excess; hence the treatment will give no relief for the indigestion, lowness of spirits, or general debility of which the patient complains. If, however, the patient comes under the care of a medical man who is accustomed to meet with such cases, and who from his larger experience more quickly discerns the true cause, the patient is greatly surprised to learn that his sufferings arise from the excesses he has unwittingly committed."

"Married people often appear to think that connection may be repeated just as regularly and almost as often as their meals. Till they are told of the danger, the idea never seems to enter their heads that they have been guilty of great and almost criminal excess; nor is this to be wondered at, since the possibility of such a cause of disease is seldom hinted at."

"Some years ago a young man called on me, complaining that he was unequal to sexual congress, and was suffering from spermatorrhœa, the result, he said, of self-abuse. After treatment I lost sight of him for some time; when he returned his mind was enfeebled, he complained of pains in his back, and was scarcely able to move along."

"On cross-examination I found, that after the previous treatment he had recovered his powers, and having then married, had been in the habit of

indulging in connection, three times a week, ever since (for a period of about two years), and had no idea that he was committing an excess, or that his present weakness could depend upon this cause."

"The above is far from being an isolated instance of men who, having been reduced by former excesses, still imagine themselves equal to unlimited indulgence, and, when their powers are recruited by treatment, expend it again, without any regard to moderation. Some go so far as to believe that indulgence may increase their powers, just as gymnastic exercises augment the force of the muscles. This is a popular error that needs correction."

"Such patients should be told that the shock on the system, each time that connection is indulged in, is very powerful, and is particularly injurious to organs that are previously debilitated. It is by this and other similar excesses that premature old age and debility of the generative organs are brought on."

"A few months later I again saw this young man, and all his symptoms had improved under moderate indulgence, care, and tonics."

"Another case, a gentleman twenty-three years of age, who had been married two years, came to me in great alarm, complaining to me that he was nervous and unable to manage his affairs. There

was pain in his back, the least exertion caused him to perspire, and he had a most careworn countenance. I learned that he had married a young wife, and fearing that he might be considered a 'Joseph,' as he had never known woman beforehand (although he acknowledged having practiced self-abuse at school), he unconsciously fell into excess, by attempting connection nightly; latterly, erection had been deficient, emission was attended with difficulty, and he felt himself daily less able to discharge what he thought were his family duties. He was extremely surprised at finding that I considered he had committed excesses; as he supposed that after marriage, frequent intercourse could not be so considered, and it was evident that he was entirely sincere in this belief. Moderation, and tonics, were the treatment prescribed for him."

"I will give one more instance. A medical man called on me, saying that he found himself suffering from spermatorrhœa. There was general debility, inaptitude for work, and disinclination for sexual intercourse; in fact he thought that he was losing his senses; the sight of one eye was affected. The only way that he lost semen was, as he thought, by slight occasional oozing from the penis. I asked him at once if he had ever committed excesses. He acknowledged having abused himself when a boy, but he had married seven

years before his visit to me, being then a hearty, healthy man, and it was only lately that he had been complaining. In answer to my further inquiry, he stated that since his marriage he had had connection two or three times a week, and often more than once a night. This one fact, I was obliged to tell him, sufficiently accounted for all his troubles. The symptoms that he complained of were similar to those found in boys who abuse themselves."

"It is true that it may take years to impair the health of exceptionally strong men, just as it is may be a long time before some boys are injured, but the ill effect of excesses are sooner or later sure to follow."

"It may then very naturally be asked, what is meant by *excess* in sexual indulgence? The simple reply is, the same as in any other indulgence. Any amount is an excess that injures health. It varies in different individuals, according to their condition when it is commenced, and the cotemporary circumstances. According to my experience, but few hard-working intellectual men, should indulge in connection *oftener* than once in seven, or perhaps ten days. This, however, is only a guide for strong, healthy men."

"In general, I should say, that an individual may consider that he has committed an *excess* when coitus is succeeded by languor, depression of spirits,

and malaise. This is the safest definition! Such results should not happen if the man be in good health, and indulges his sexual desires but moderately."

"No invariable rule can be laid down in a case where so much must depend upon temperament, age, climate and other circumstances, as well as the health and strength of both parties. I maintain that in highly civilized communities the continuance of a high degree of bodily and mental vigor is inconsistent with more than a *very moderate* indulgence in sexual intercourse. The still higher principle also holds good, that man was not created only to indulge his sexual appetite, nor any appetite, and that he should subordinate them all to those duties and principles which are conducive not only to his own health and happiness, but also to those of his fellow-men."

"It is not the body alone that suffers from excesses committed in married life. Experience with such cases daily proves that much of the languor of mind, confusion of ideas, and inability to control the thoughts of which some married men complain, arise from this cause. These ill-effects are not infrequently noticed in patients who married late in life, and still more often in persons who have married a second time after having been widowers for some years."

“The ill effects of excesses are not confined to the offending parties. No doubt can exist that many of the obscure cases of sickly children, born of apparently healthy parents, arise from this cause, and this fact is confirmed by investigation as to its effect among animals. It is but logical to presume that semen which is spent as fast as it is formed is often immature. And there is abundant evidence to prove that such semen has not the fecundating power that older, riper semen has; besides if it is barely competent to transmit life, still it may lack that full, mature, vigorous quality that transmits vitality, strength, and a complete development of a strong healthy body and mind.”

“I have already mentioned that in children precocious and strong sexual desires are often accompanied by and produce a dull intellect, and in the adult it is similarly found that the inordinate exercise of the sexual organs frequently annihilates the intellectual faculties. ‘They do best,’ says Bacon, ‘who, if they cannot but admit love, yet make it keep quarter, and sever it wholly from the serious affairs and actions of life; for if it check once with business it troubleth men’s fortunes and maketh men so that they can in no ways be true to their own ends.’”

“I maintain that debauchery weakens the intellect and debases the mental powers, and my opin-

ion is that if a man observes strict continence in thought as well as deed, and is gifted with ordinary intelligence, he is more likely to distinguish himself in liberal pursuits than the man who lives incontinently, whether it is in the way of fornication or by committing marital excesses."

"The strictest continence, therefore, in the unmarried, and very moderate sexual indulgence in the married state, are best for any engaged in serious mental work. It is the almost universal rule that all men, old and young, who have led a continent life, so long as they continue to give themselves up to duties that tax the brain sufficiently, and who take proper exercise, will not be troubled with strong sexual desires. Nevertheless, when any period of temporary idleness suspends the celibate's regular work, the sexual feeling will often reappear with redoubled force."

"Admitting, then, that celibacy is attended with many drawbacks and temptations, I still consider that it is the necessary condition of the young; while in the adult, although it is in some instances attended with some inconveniences, that these may be obviated by proper moral, hygienic and medical counteracting influences. Unmarried men who desire to lead both a celibate and a continent life are advised that they cannot do so if they indiscriminately indulge in the pleasures of the table;

or, if they excite the sexual appetite and the formation of semen, by allowing the mind to dwell on sensual temptations of any kind. For them almost abstemious diet, and regular exercise to the extent of weariness, are essential; under such a strict regimen they may with impunity to themselves, and without disadvantage to society, continue to lead a life of celibacy."

"Just as there is great variableness and difference in individuals as to the amount of physical or mental work they can do, or as to the amount of fatigue and exhaustion they can stand, so it is the same with respect to the amount of sexual indulgence they can stand, without injuring themselves. Whilst one individual will suffer for days after a single attempt, or even from an involuntary emission, another will not evince the least sign of depression, although the act be repeated several times in succession, or on several consecutive nights. This, however, does not prove the immunity from harm from such excesses."

"With newly married people, of course, sexual intercourse takes place most frequently, and hence it happens that conception often fails during the first two months of wedlock, depending probably upon the fact that the semen of the male contains but few perfect spermatozoa; in such cases it is only when the ardor of first love has abated, and

the spermatozoa have been allowed the time requisite for their full development that the female becomes impregnated."

"The length to which some married people carry excesses is perfectly astonishing. I lately saw a married medical man who told me that for the previous fourteen years, he believed, that he had *never* allowed a night to pass without having connection, and it was only lately that he had attributed his ailments to his marital excesses. The contrast between such a case as this, where an individual had for fourteen years resisted such a remarkable drain on the system, and that of a man who is, as many are, prostrated for twenty-four hours by one nocturnal emission, is most striking."

"All experience, however, shows that, whatever may be the condition of the nervous system, as regards sexual indulgences, *excesses will sooner or later tell upon any frame, and can never be indulged in with impunity.* I believe that general debility and impaired health, caused by too frequent sexual relations, to be much more common than is generally supposed, and that they are hardly yet sufficiently appreciated by the profession as very fruitful causes of ill-health."—*Dr. Acton.*

That there is unanimity and harmony of the practical conclusions of all physicians of large practice and experience in such matters, is evident

when we compare those we have already quoted, with those of Dr. Hammond. He says: "Sexual excesses in adult life, though often leading to impotence more or less permanent in character, are not so certain to result in that condition as those which are practiced before the age of puberty, or before the body has attained to maturity. Still, cases of the kind are common enough, and undoubtedly the fact that almost every man who indulges in sexual intercourse does so to excess, is the cause of the supervention of impotence at an age when the individual ought to be in the full possession of all his powers."

"It is no uncommon thing to meet with men of fifty, forty, or even thirty, years of age, whose desires are as strong as they ever were, who are absolutely incapable of intercourse, or else possess the faculty in a very faint degree, and in whom the existing condition is clearly the result of excess. It often happens that the excess is committed without the individual being at all aware that he is exceeding the normal limits."

"The question then arises, what is excess?"

"There are men who think it entirely within bounds to have intercourse once every twenty-four hours; others, again, indulge regularly twice a week; others once; still others, who think once a month sufficient."

“It is exceedingly difficult to lay down any rule in the matter which will be applicable for all men; indeed, the task would be insuperable, for all men are not alike, and what would be excess for one would be moderation for another.”

“It may be said unhesitatingly, that intercourse to the extent of once every twenty-four hours, is excess for the strongest man that ever lived. There are some who can practice it without marked deterioration of their powers for several years, but the time inevitably comes, in advance of the normal period of diminution of power, when impotence begins to make its appearance.”

“Twice a week, is certainly excess, for the majority of men, and will certainly lead to earlier than normal extinction of the sexual powers.”

“Once a week is more generally applicable, and can as a rule in healthy men be taken as a guide, from the twenty-fifth to the fortieth year.”

“Previous to the twenty-first year, sexual intercourse should not be practised at all; and between that age and twenty-five, if indulged in, it should certainly not be more frequently than once in ten or twelve days.”

“It is a law to which there is no exception, that the greater the excess, the sooner the natural power will cease. If the individual desires to retain his

ability to a green old age, he will not tax it too severely in his youth."

"That the civilized man is in general excessive in the matter of sexual intercourse admits of no question, and the effect is seen constantly in the early loss of power. The reading of obscene books, the witnessing of sexually suggestive plays, the very impediments which society necessarily places in the way of the unrestrained indulgence of the passions, act with some men as direct excitation to sexual indulgence. In civilized communities it will always happen that such causes act with much greater force than among savages, where, in fact, they are scarcely exhibited at all, and where the promptings of nature are alone the incentives to the act of copulation. The consequence is that, other things being equal, the civilized man becomes impotent at a much earlier age than his uncivilized brother."

"How many men of sixty years of age, in the city of New York, are capable of natural and satisfactory intercourse? Not one in twenty. And yet the power ought to be, and is retained, in the case of those who have been temperate in its use, up to, and even beyond, the age of three-score and ten. Indeed, it is rare to find a man of fifty, who has so husbanded his powers as to admit of his having sexual intercourse once a fortnight, and then

the act is neither satisfactory to him nor the recipient."

"But at times a more serious evil than the early decay of the sexual power is observed as the consequence of excess, and this is the supervention of impotence either suddenly, after some extraordinary indulgence, or more gradually in consequence of repeated excesses. In these cases the desire remains in as active a condition as it ever existed; attempts are made at intercourse, they fail; renewed efforts are made, with extraordinary excitants to erection, but all in vain; the penis remaining limp and flaccid to every normal and abnormal stimulus, and the condition becoming more profound with each failure."

"Again, the effect is by no means restricted to the generative organs. The patient becomes morbid, both from chagrin which follows his futile attempts at intercourse, and the apprehension which is generally entertained, that some serious mental disease—insanity or imbecility, for instance—will result from the "softening of the brain" which he thinks has taken place, or is about to be produced."

"Besides this, he is the subject of regrets and remorse for his past offences against the laws of his being, and is just in that frame of mind which makes him an easy prey to the wiles of quacks and

other medical impostors. He therefore runs from one to the other of these knaves and frauds,—mesmerizers, clairvoyants, “natural healers,” anatomical museums, layer-on-of-hands, faith-curers, etc, etc., in the vain search for something that will enable him to recover the power he has lost, the only result being, of course, to deplete his pocket, in the meantime making constant experiments and attempts at sexual intercourse, and always with the same result—failure.”

“A careful examination of these cases, and full inquiry into the circumstances attending the condition, reveal the fact that there has either been no erection at all, or else so feeble a one as to render the intromission of the penis into the vagina an impossibility. Sometimes an emission of semen has taken place, but this has been external to the vulva, and has only served to render the state more deplorable, for it has occurred without an erection, and only as a consequence of the extreme debility of the whole generative apparatus.”

“And this brings us to the consideration of the *partial impotence* which is one of the most frequent results of sexual excesses, and in which the erection is so feeble and the erethism so great, that emission and an imperfect orgasm ensue, either before an entrance has been effected, or so soon thereafter that the act of intercourse is unsatis-

factory to both parties. This condition is often preliminary to the more complete loss of power, and again it may continue for an indefinite period, or may disappear under treatment."

"In other cases there is an erection, and the individual thinks, till he learns better by experience, that there is going to be no difficulty in accomplishing the act; but just as the attempt is made to effect entrance, although there may be no loss of desire and no mental difficulty in the way, the penis becomes flaccid, and again disappointment is the result, there being no emission and no orgasm."

"These states of partial impotence are very common, especially in those persons who have arrived at middle age, but in whom normally there ought to be almost as great a degree of power as there ever was. For it is to be noted that when in the course of advancing years the period is approaching in which, according to physiological laws, the individual may expect to undergo the natural loss of sexual power, which is the common lot of all men, the failure is shown, *not by any imperfection in the act*, but by the *healthy demand for its repetition coming less frequently*. Besides, in the natural impotence from age, the desire disappears with the power, and the individual accordingly yields gracefully to the merciless law of his being."

“In that form of impotence, however, which is produced by excess, or from influences that heat the imagination for the time being and leave it a blank thereafter, the desire often remains unimpaired, while the power is diminished or altogether lost, and there are consequently regrets, chagrins, disappointments, and a constant state of warfare between the flesh and the spirit.”

“It may be laid down as a law, to which there are few, if any exceptions, that whenever there is desire, without full power, the resulting impotence is a veritable disease, and not a physiological condition coming in the regular course of life by age.”

“In regard to the character of the excess that may result in partial or complete impotence, it is generally, though by no means always, in adults, sexual intercourse rather than masturbation. The latter is more especially, as we have seen, a habit of childhood and youth, though there are many men who practice it to the exclusion of sexual intercourse, or in connection therewith. In all such cases of masturbation the same effect will result as before described, with the additional observation, that it is equally as destructive to sexual power as it is to sexual desire, not, however, from any circumstance inherent in the act itself, but because it is certain to be more frequently repeated than it is generally possible to repeat the act of intercourse.”

“In addition, some men who find themselves impotent, not from lack of desire, but from failure of power, are very apt to enter upon a systematic course of masturbation, a proceeding in which, to a still greater degradation of sexual instinct and abolition of power. an emission and an orgasm can be procured without erection.”—*Hammond*.

FIFTEENTH DIVISION.

HOW AGE AFFECTS THE SEXUAL FUNCTIONS—THE BEGINNING OF SEXUAL DECLINE.

IN the estimation of his sexual strength, and in the indulgence of his sexual passions, the ordinary man does not give sufficient consideration and weight to the influence and effect thereon of his age. The sexual powers and functions are as much, perhaps more, subject to change, which the evolution of time brings about, than are the other functions of the body.

The period of its beginning and of its ending is not so marked and definite in men as in women; nevertheless, it has in men its beginning,—its advance,—its zenith,—its decline,—and with some men its total abolition; and this evolution happens with every man in its complete entirety, if he lives long enough. All of this will happen independently of the use or of the abuse he puts upon his sexual organs, but it will be as we have demonstrated, greatly modified and changed thereby.

The point we desire to emphasize, however, is, the anxiety some men experience when they do recognize this inevitable law of nature, and the injury that other men experience when they either do not, or are unwilling to, recognize it. The evidence we have given tends to prove that even when due moderation of the sexual functions is exercised, that there is in perfectly healthy men a period of only about twenty years, extending from about the twenty-fifth to the forty-fifth year, in which the sexual powers may be considered full and normal.

Between the fortieth and the fiftieth year, it should not be a cause of serious concern, much less alarm, if there is a perceptible diminution of the sexual power. When the sexual system is normal and healthy, this natural change, or diminished power, does not become apparent by any weakness or impotence, but rather with an inability to per-

form the act satisfactorily, as often, as before; it may also take longer to consummate the act, as the sensitiveness of the nerves is lessened by age, as well as by excessive use.

It is to be regretted that, at this period, the desire does not always diminish in proportion to the ability to gratify it; in some men the recognized fact that their ability is diminishing, tends to center their thoughts on their sexual condition, and this leads to the pernicious habit of more frequently testing it. Sexual power is no exception to the rule, that mankind does not truly value any blessing while he is in full possession of it,—not until it begins to slip away from him does he fully appreciate its worth.

When this time comes, blessed is the man who, discerning it, gracefully yields and conforms to this inevitable law of nature, and moderates his action in proportion to his present ability; but woe will come to the man who adopts the exact opposite course of plunging into excess, from a foolish attempt to defy the law of nature, or who regulates his action by the memories of his past powers and ability.

“At the decline of life,—Love—should take quite a moral character, freed from all its animal propensities. In the elderly man, it is paternal, conjugal, and patriotic attachment, which, without

being so energetic as the love experienced in youth, still warms old hearts and old age—and, believe me, these have their sweet privileges, as well as, sometimes, their bitter realities. These autumn roses are not without perfume—perhaps less intoxicating than that arising from first love, but presenting none of its dangers.”

“One of the most important pieces of information which a man in years can attain is, ‘to learn to become old betimes,’ if he wishes to attain old age. Cicero, we are told, was asked if he still indulged in the pleasures of love. ‘Heaven forbid,’ replied he; ‘I have foresworn it as I would a savage and furious master.’”

“When you see an elderly man, judicious, endowed with firm reason, whose enlightened and active mind is still capable of directing his affairs ably, and making himself useful to society, be convinced that such a man is discreet and continent, and that temperance has in him a fervent admirer and commendable example.”

“It is usually at the age of fifty or sixty that the generative function becomes weakened. It is at this period that man, elevated to the sacred character of paternity, and proud of his virile power, begins to remark that power decrease, and does so almost with a feeling of indignation. The first step towards feebleness announces to him, unmis-

takably, that he is no longer the man he was. He may retard the effect up to a certain point, but not entirely. This law must have its full and entire execution. The activity of the generative organs diminish, their functions abate, languish, and then cease entirely. The desire and the ability are no longer equal; the imagination does not exercise its olden power and fascination on these organs."

"Blood now flows only in small quantities to the testes. Their sensibility becomes blunted, and is reduced to what is sufficient for the nutrition of the parts. The scrotum is observed to become wrinkled and diminished in size; the testicles atrophy; and the complicated vascular tissues which form them become obliterated; the semen, that peculiar secretion of the blood, is not only less abundant, but has lost much of its consistence and force. The spermatozoa, which constitute its peculiar life essence, far from being as numerous or as active as formerly, are, on the contrary, but few and languid."—*Parise*.

In the above abstract, one can but admire and approve the beautiful moral sentiment and philosophy, of the distinguished French writer, in his comments on the physical decline of man that comes with age; but in the light of the evidence of many other eminent writers on this subject, some of which we here quote, Parise's description of the

atrophy and final obliteration of the sexual organs and functions, of the old man, seems to be more or less an exaggeration; at least there are very many exceptions to the condition he describes.

We quote from another French physician—Dr. Duplay,—who states that he examined the generative organs of fifty-one old men, aged from sixty, to eighty-six, who died of various diseases, for the purpose of discovering the presence, or the absence of semen. In thirty-seven, he established the presence of spermatozoa, but in the other fourteen, was unable to find traces of them. Of those instances in which they were found, in twenty-seven the spermatozoa were perfectly well formed, and similar in every respect to those found in the adult; in the other ten cases, neither the heads nor the tails of the spermatozoa were perfect. The quantity varied greatly. In some old men, spermatozoa were as numerous as in adults; in fourteen instances they were rare, but still perfectly developed. Semen was very abundant in three cases, moderately so in twenty-four, and in ten cases there was but little."

Dr. Duplay concludes by saying: "If old men are not so apt to beget children as adults, their inaptitude depends less on the composition of the semen, than it does from a lack of the other conditions essential to the reproductive acts." (It

may be well to mention, that this post-mortem examination of Dr. Duplay's, was made in the Hospital for *incurables* in Paris, and it is to the author a question of no little doubt, whether such cases would fairly represent the condition of an equal number of *healthy* men of the same age, before death?)

This doubt is emphasized when it is remembered that many of these cases had been diseased for some considerable time, and it is but reasonable to presume that the sexual organs were affected, and probably more or less atrophied by a disease that finally produced death, and, therefore, could not possibly accurately represent the condition of the sexual organs of healthy men, of the same age, during life. But it does make probable, however, that the sexual powers of even diseased old men are not so diminished, much less obliterated, as some authors claim.

"It is somewhat curious," says Dr. Acton, "to notice the *naivete* (unaffected innocence) exhibited by some elderly gentlemen. Patients from sixty to eighty years of age come to me, complaining that they are not sexually so energetic as they were; that the sexual act is no longer attended with the same degree of pleasure as formerly. They grumble because desire is not so frequent as formerly, or because when they attempt the

act they no longer experience perfect erection."

"These are among the most difficult patients we have to deal with, and their treatment requires a considerable tact and discrimination. I, however, attempt to meet them on their own ground, by appealing to their common sense, and gently remind them that their symptoms may be slight warnings of the approach of the enemy; that, as old soldiers, they should begin to exercise a little caution; I mention that man has other duties besides those of reproduction. I ask them if they have no pleasure in the luxuries of the table, and recall the saying of Bichat, that 'the organ of taste is the last thread on which hangs the pleasure of living.'"

"When I further remind them that, if nature has interdicted great sexual indulgence, it still has reserved for them many compensating pleasures; and when I hint that there are other and higher enjoyments and duties which their position in society warrants and demands, we usually part pretty good friends. I trust that in this way I have been the means of rescuing many a man, who has been on the point of damaging his health in ignorance, from the dangers which beset his path."

"In all such cases the man advanced in life should be at once told that, although his powers are somewhat enfeebled, no immediate mischief has occurred (if the physician can conscientiously say

so). It is of great importance that the sexual fears of the elderly person be quieted. We have previously noted the influence of the imagination on the sexual ideas. As age advances, this effect grows still stronger—and it is of primary importance that the morale of a man should be strengthened; and I at once tell these patients most positively, that I can relieve their present sufferings; but that if I attempt to renovate their sexual powers I must exact a promise that after their recovery they shall use them with extreme moderation; that on no other terms will I undertake the case; for, I tell them, it is a better guarantee for their health and happiness to remain as they are, than to have their organs strengthened only to kill themselves by inches through fresh fits of excitement.”

“Experience has taught me how vastly different is the situation of the class of moderate men, who, having married early, have regularly indulged their passions, at longer and longer intervals, as age has crept upon them—from that of widowers of some years’ standing—or of men who have, through the demands of their public or other duties, been separated from their wives for prolonged periods. The former class rarely come under the medical man’s care; excesses with them are rare, and their regularity and moderation makes them equal to the sexual shock. On the other hand, when the latter

class, after leading lives of chastity, suddenly resume sexual intercourse, they are more apt to indulge to excess, and to suffer greatly from generative disorders."

"The impression made by excesses, on the nervous system, after years of rest, is calculated to impart a shock to any constitution, and this result follows with the greater certainty in those whose nervous powers are already depressed. These cases require great care, and their successful treatment mainly depends on the conduct of the patient, who, by irregularities of his own—which would appear but moderate to persons that are thoroughly sound,—may altogether frustrate every attempt to relieve or cure him."—*Acton*.

Some men are old, sexually, before their time. Worn out, by excesses, and various forms of licentious debauchery. Some of these prematurely old men, together with some others who are really far advanced in years, have descended to a depth of degradation, that makes the lament, made elsewhere in this book about a certain few women, equally applicable to these old men; that, 'it would have been a pleasure if the purpose of making this book complete and exhaustive of the subject on which it treats, could have been carried out, and yet have omitted, this class of cases.'

'Hell hath no fury like a woman scorned,'—said

the immortal philosopher, and neither earth nor hell has any contempt, so deep, so profound, so uncompromising, as that which is felt for the crime of worn-out men, which we intimate but do not name. When this class of cases apply for help, the physician feels like turning away, with only—God Almighty, have mercy on you,—for man cannot.

For Fornication,—Adultery,—Seduction,—Masturbation,—Excesses, all these can plead in excuse, the temptation of the natural inborn sexual passions. But what can be plead to invoke pity or mercy, much less any degree of respect, for a human monster who deliberately, and in open defiance of all virtue or common decency, attempts to resurrect and gratify a passion that is,—*dead*, by ways and means so loathsome and abhorrent that no writer cares, or dares, to more than intimate them.

Of this class of cases, Parise says: “Unfortunately, there are those who, either more infatuated, more helplessly drifting on the tide of passion, or more depraved, use all their endeavors to realize desires which it is no longer possible to satisfy, unless by a forced compliance of the organs. Not only has the energy—the superfluous vitality of early days—disappeared, but the organic power of reproduction is nearly obliterated. Is all over then? *Credat Judæus, non ego.* It is now that Venus

Impudica lavishes on her *used-up* votaries her appetizing stimulants to vice and debauchery."

"The imagination, polluted with impurities, seeks pleasure which reason and good sense repudiate. There are instances of debauch and shameless old age which, deficient in vital resources, strive to supply their place by fictitious excitement:—a kind of brutish lasciviousness, that is ever more cruelly punished by nature, from the fact that the immediate ensuing debility is in direct proportion to the forced stimulation which has preceded it."

"Reduced to the pleasures of recollection, at once passionate and impotent, their sensuality may kill, but cannot satiate. There are such old libertines who are constantly seeking after means of revivifying their withered, used-up organism; as if that were possible, without imminent danger. The law of nature is without appeal. To submit to it is the result of great good judgment, and the reward is speedy."

"But submission is no invariable rule, and persons of prudence and chastity have but faint conception of the devices to evade it, of the folly, caprice, luxury, immodesty, of the monstrous lewdness and indescribable saturnalia of the senses which are the result. The physican alone knows from the confession of his patients, or surmises

from his experience, to what a depth corruption will descend, and the evils which will follow, particularly in large capitals."

"One of the most common means of excitement employed by these senile Lovelaces is change—variety in the persons they pursue. What could be more fatal to the organism? Extreme youth is sacrificed to these shameless old men. The sensual charms of fine women no longer suffice—they address themselves to mere children, to the great scandal of our manners, and of all that these victims of debauchery hold dear and sacred. Nevertheless, let it be remarked, it is seldom—very seldom—that punishment comes softly; old age, which disease changes every day into decrepitude—often sudden death—and worse, death that lingers for years, a consequence of cruel infirmities—proves the justice of nature."

This same class of cases that is described in France by Parise, is also attested to in England by Dr. Acton, and in America by Dr. Hammond.

Dr. Hammond says: "In addition, some men who find themselves impotent in all their attempts to perform the sexual act, not from lack of desire, but from failure of power, are very apt to enter upon a systematic course of masturbation, a proceeding in which, to a still greater degradation of the sexual instinct, and abolition of power, an

emission and an orgasm can be procured without erection."

"The same plan may be adopted by *elderly men* in whom natural desire and power have faded, but who reawaken both in an imperfect degree by lascivious practices of *various kinds*, or even by indulgence in libidinous thoughts."

"These cases are among the most lamentable that come under notice, especially when the act is practiced frequently under very disgusting accompaniments, or excitants, and which tend to the production of various affections (such as epilepsy or cerebral hemorrhage, for instance) of the nervous system."

"I have had under observation the case of an old man of seventy-three, who every afternoon

* * * Upon one occasion, on which the procedure was being effected, he suddenly became paralyzed, and deprived of the power of speech."

"In another case the patient, a man of over seventy, was affected with paralytic tremor, due probably to disseminated sclerosis of the brain, which was clearly due to excessive masturbation, of which he had been guilty for several years."

"In this instance the appetite was unnaturally excited by *lascivious books and pictures*—and although he never obtained an erection, he succeeded by this system of over-stimulation in causing such a

state of erethism, that an imperfect emission and orgasm were produced. One day, while engaged in the act, he experienced a slight sensation of vertigo, and at once tremor began in the right hand. This increased in severity and gradually extended to the other hand, and to the head and neck; and finally both legs became affected, and now he walks with the festinating gait peculiar to paralysis agitans, and is evidently passing into a state of senile dementia."

This case is of special importance, as it vividly illustrates and emphasizes, the powerfully baneful effect of *lascivious books, pictures and imaginative suggestions*, that are even more exciting to the sexual passions, than the real thing or situation they represent. It is a well-recognized physiological law, that the scantily draped figure is more exciting to the sexual passion than the *entirely nude*. The same is true of—*suggestive*—books and pictures; they are a thousand times worse for a man who desires to avoid temptation, than the facts stated simply, but without any suggestive coloring.

We take occasion to repeat here, and with emphasis, that whoever the reader may be, man, woman, or boy, if they have any sexual troubles of any nature or description, they may not expect to *ever* be relieved, much less cured of them, by any physician, medicine, or means whatever, so long

as they persist in, either openly or secretly, noticing, or having anything whatever to do with, books, pictures, newspapers, conversations, or things, that *suggest moral indecencies*. Temptations of this kind, remember, will excite you to more evil, and will rob you, not only of your self-respect, but are likely to drag you down to a depth of physical degeneration and misery, from which no physician or medicine can ever restore you. Perhaps your own experience tells you now, how true, how very true, how terribly true this is; if so, remember the warning and the advice we gave you in the beginning of this book, at the—"parting of the roads."

"When a young man without any redeeming qualities, has run through a career of debauchery," says Dr. Acton, 'and when his adult age is but a new lease of similar associations, the necessity for additional excitement appears to goad him on. Fictitious desires increase, until it is impossible to say where will be the acme of his debauchery, or what devices may be invented by those in his pay "to minister to a mind diseased." This is particularly the case, when such a pampered, ill-directed, unrestrained will is accompanied by unlimited wealth."

"For such an one, youth, innocence, and beauty soon cease to have attractions. Well has it been said

of him, that "the beast has destroyed the man." Variety may for a time satisfy or stimulate his failing powers, but not for very long. Local stimulants are tried, and, after a short repetition, these also fail. As a last resource *unnatural excitement* of the sexual passions is had recourse to, and now public decency is forgotten, and we probably find that the first check to the lust of the opulent satyr, is in finding himself the hero of some filthy police case,—then, maybe, a convict, or a voluntary exile." (The two great nations, that speak the English language, were recently scandalized and humiliated, by a case that has occurred since the above was written, by the defendant having been recognized as a man of some literary ability, but whose mask was finally torn off, and ended by his conviction, and sentence to the tread-mill. We refer to the notorious Oscar Wilde case.)

"As far as I have noticed their organization, I should say that an uncontrolled giving way to the sexual passion has over-excited a brain never very strong. A constant drain on the nervous power has produced an effect which renders its subject indifferent to consequences, provided his all-absorbing pursuit (namely, ministering to the excitement of his sexual passion) can be indulged in. Observing as these people do, all the other requirements of society, still, there is about them a something,

which marks them as thralls of a debasing pursuit. They are living and suffering spectres whom, as some clever writer has observed, "Death seems to forget to strike, because he believes them already in the tomb."

"I very much question if, with their disordered brains, the fear of punishment will deter such men from crime. These satyrs are reduced to so morbid a condition, that the very chance of exposure seems to add a last stimulus to their debased inclinations. No other reason can, it seems, be given to explain why these rich old debauchees should choose places of public resort for their vile practices, when all that is there performed could, by the aid of money and existing agencies, be done in secret. It would seem as if stolen sweets and covert joys had lost their charm; and the chance of evading the law had become the fascinating novelty. It is a form of aberration of intellect to which libertinage is subject; and seems to show into what a morass of defilement unrestrained sexual excitement may finally lead its victim."

"It may, perhaps, be thought singular to suggest a moral based upon such vile practices as the above, but allusion to them may be not without benefit to those beginning life; and I would say, let those persons take warning who, having an active imagination, once enter upon a career of vice, and dream

that at a certain spot they can arrest its progress. It is an old tale, and often told, that, although the slope of criminality be easy and gradual, it is still, a hard one to retrace, and he who launches himself upon such a course, will acquire as he goes velocity and force, *until at last he cannot be stayed.*"

SIXTEENTH DIVISION.

INVOLUNTARY EMISSIONS — SPERMATORRHEA, PROSTATORRHEA.

THERE are two distinct classes of harmful degeneration and disease, that follow and are the direct result of sexual vice or excess in any form: One is physical, the other mental. These two classes may be again subdivided into that which is visible to the eye, and that which is visible only to the mental perceptions.

Of those which are visible to the eye, none are so much dwelt upon by writers, and none other gives more alarm and worry to the patient, than the *involuntary emission* of the secretions of the sexual

organs, which often happens at night while the patient is asleep in bed, and again at other times during the day while the bowels and bladder are being emptied, and still at other times, in some cases, from the least cause that directs the mind to, or excites the sexual instinct.

This condition is generally the first and the most important thing that alarms the patient, because all the information he has on the subject is derived from books and persons whose business it is to alarm and exaggerate, to promote their own mercenary ends and benefit. The emphatic statement and warning made by these false teachers is that *all* the fluid which is involuntarily lost through the penis is *semen*, and they usually follow this with the most alarming claims as to its importance and value to the physical system, some going so far as to claim that one drop of semen is equivalent in value to forty or fifty drops of blood.

The patient being entirely ignorant in such matters, and often in a state of mind that prepares him to believe anything, accepts this falsehood without stopping to reason that it is not only improbable, but is practically *impossible*, for if it were true, the ordinary expenditure of semen would depopulate the world, of men, in a very short time by killing them off at once, by the loss of a teaspoonful or two of semen.

Now, what are the facts? The first fact is that only a small part of the viscous fluid that is involuntarily lost through the penis, is in reality semen.

The second fact is—that of the actual semen, which is involuntarily lost, the greater part is that which occurs during sleep, as the result of plethora or superabundance, and occurs as often in healthy men as in diseased men.

The third fact is—that semen has not got such an exaggerated value as is attributed to it.

Our meaning of semen in this instance refers exclusively to the fluid that is secreted by the testes, containing spermatozoa, the life principle, and not in that broader sense, which includes a fluid that is a *combination* of all the fluids that are secreted by the testes, the prostate gland, the Cowper's gland, and the urethra. The fact should be clearly understood by the reader, and not lost sight of, that each of these glands secrete a separate fluid, and that they may pass out of the penis either *separately* or in *combination*.

The prostate gland, for instance, at times under certain conditions, secretes more fluid than do the testes. Again, the secretion of the urethra is more abundant at one time than at another, and more abundant in some persons than in others; for the sake of illustration to the non-professional we will say it is a sort of catarrh, in appearance like catarrh

in the nasal passages (nose), and oft-times is of no more importance in its value or effect.

When these secretions are combined, it is not possible to distinguish without the aid of a microscope what the proportion of each is in the combination, even by a physician; and from appearance alone, the ordinary individual cannot tell whether it is a combination of all four, of three, of two, or of only one of these secreted fluids, or which one it is, and all they may guess about it, is more than likely to be wrong. Even under the microscope it is difficult to tell whether it is the secretion of the testes or otherwise, unless spermatozoa are found. In a general way it may be said that the fluid which is emitted by ejaculation, that is, by a forced intermittent spurt, with a pleasurable sensation, is invariably semen. That which escapes during defecation or urination, or slowly flows or oozes out at any other time, involuntarily, and without any pleasurable sensation, may or may not—usually does not—contain any semen. The one or two drops of clear, transparent fluid that appear at the meatus, during or after the mind has been occupied with sexual thoughts, is absolutely *never* semen, although the fear that it was semen, has caused untold misery and anxiety in thousands of people, through their ignorance, or from specious and false information they have had about it.

This clear, viscid fluid, is secreted by the urethra; and appears to be simply for the purpose of lubrication; it appears in the urethra, under sexual excitement, very similarly as the "mouth waters" when one anticipates something good and savory to eat; and it is of no more value or importance to health or strength than the mucus that is secreted by the mouth, under similar circumstances; probably not as much, in fact, for the saliva secreted by the mouth is a part of the fluid employed in the digestion of food.

The urethra being a long and small canal, the purpose of this fluid is apparently to lubricate it in advance of the discharge of semen; in other words prevent the semen from being retarded in its quick passage by sticking to the walls of the urethra; it also prevents the waste of semen in the same manner. The vagina of the female secretes a similar fluid under the same circumstances, and for a similar purpose. But this innocent, almost inert fluid, has always been one of the most useful and potent means, in the hands of impostors, to frighten people with, especially if they happened to have masturbated a few times in their whole life.

Patients, who now for the first time learn the truth about the matter, should not, however, make the mistake of going to the opposite extreme by placing no importance on involuntary emissions.

Such emissions are often the symptoms of disease. The weakness of the sexual organs, the general nervousness, and the loss of vital energy that accompanies the emissions, and from which the patient suffers, are of far more importance than the emissions themselves.

We have elsewhere previously shown in this book that the emission, whether it is or is not semen, is not alone the responsible cause of the nervousness and impotence resulting from sexual vice or excess; we have shown that the nervous excitement that precedes the orgasm, and the shock of the orgasm, draws from the vital energy even more than the seminal expenditure, and is of more importance; and also, that the anxiety and worry about the sexual condition, especially of masturbators, is another important factor that subtracts from nerve energy, and therefore weakens the nervous system.

It was formerly the general custom of physicians, as well as others, to refer to all involuntary emissions, under the sweeping title of—spermatorrhea. Of later years and at the present time, however, they make a distinction between true and false spermatorrhea, according to the condition they find the patient to be in. Concisely stated, true spermatorrhea, is the involuntary emission of the secretion of the testes, which contains the life-principle,

which happens from a weakened condition of the seminal ducts, but does not include the involuntary emissions that happen in bed, that are caused by the plethora of the continent man; nor the superabundant and abnormal secretion and emission that often comes from a diseased prostate gland—which is—prostatorrhea. These involuntary emissions, are described by Dr. Martin as follows:

“INVOLUNTARY SEMINAL EMISSIONS—though properly classed with the symptoms of atonic impotence, assume such importance in the eyes of patients, and appear in such varying clinical forms, they require detailed consideration. Cases suffering from seminal emissions will complain of symptoms corresponding to the following classification.”

“NIGHT POLLUTIONS:—the result of lascivious dreams, or of a local sensitiveness of the sexual organs so marked, that stimuli too feeble to produce any effect in health, are sufficient under this condition to excite ejaculation of semen. Usually attended with vigorous erection and voluptuous sensation.”

“2d—DAY POLLUTIONS:—the result of impure thoughts or of a peripheral irritation too feeble to excite emission in a healthy man. Usually attended with feeble erection or at least one which quickly subsides, and with blunted voluptuous sensation.”

“3d—SPERMATORRHEA:—a condition in which

the semen oozes from the meatus without erection, and without pleasurable sensation. This loss may be due to impure thoughts, or may occur quite independently of appreciable psychical or physical stimulus. The discharge flowing as in prostatorrhea, after urination, and during defecation" (evacuation of the bowels).

"4th.—AS AN OCCASIONAL EMISSION DURING SLEEP:—Once every two weeks for instance, is, in a continent man, no sign of irritability of the sexual organs. Indeed it is rather to be desired, since it disposes of an accumulated secretion the presence of which is liable to excite disturbing reflexes. In *healthy* young men who lead idle lives and who are subjected to venereal excitement, these pollutions may occur much more frequently, two or three times a week, and yet indicate no abnormal condition."

"It is not uncommon to find healthy men who have no pollution for many weeks: yet after prolonged physical exertion such as is required in an all-day hunt, or a long walk, or without apparent cause, they may have several emissions in a single night. Those who work hard, who sleep and eat sparingly, and who are not exposed to sexual excitement, may be continent for months or years without a single emission."

"Nocturnal pollutions—can only be con-

sidered as indications of seminal weakness when they are unduly frequent, are followed by lassitude and mental depression, and particularly when they are associated with partial or complete impotence."

"If such emissions persistently occur three or four times a week, when the surroundings of the patient are such that he is not exposed to prolonged sexual excitement, and if there is a lessening of physical strength, a sense of fatigue, a disinclination for mental effort, it is quite certain that there is a feeble condition of the ejaculatory centre brought about reflexly or dependent upon systemic causes."

"These unduly frequent nocturnal pollutions are often associated with full sexual vigor. If uncorrected, however, the abnormal irritability of the ejaculatory centre, becomes more marked, and there is developed a more or less pronounced form of sexual weakness."

"Pollutions that occur during the day-time, or ejaculations as the result of slight psychical or local stimulation, may occur from embracing a woman or even being in the same room with her, from friction incident to horse-back riding, or from the titillation of a shower-bath. Indeed, any slight irritation applied to the penis, may be sufficient to excite immediate ejaculation."

"I saw one man in whom the act of retracting

the prepuce for the purpose of cleanliness invariably excited ejaculation; the passage of a meatus bougie produced the same result. The reading of lascivious literature, the hearing of lewd stories, or the simple imaginings of sexual relations are sufficient to excite an orgasm. The erections when this condition of erethism is developed, are usually feeble, exceptionally they are vigorous, but subside promptly when emission has taken place."

"Spermatorrhea:—The erection and emission centres though distinct from each other, are so closely related physiologically, that erethism and loss of vital power of the one, implies a like condition of the other; hence in the most aggravated form of sexual weakness, the semen is discharged without pleasurable sensations, and without erection, and oozes from the urethra, instead of being ejaculated by rhythmic muscular contractions. This oozing may occur as a result of sexual excitement or of local irritation. The sight of a woman may cause it, or it may be due to the jolting of a wagon or to intentional friction. The following case well illustrates this phase of seminal weakness:

"B. B., aged twenty, masturbated furiously when sixteen years of age; this he continued for one year, then stopped entirely. Following his excess in this direction, he was troubled with frequent

nocturnal pollutions, three or four a week. This continued for some years, when he began to notice that attempts at intercourse were not satisfactory, erection was imperfect and ejaculation premature. In the last year seeing or touching a lewd woman at once excited an emission, unattended with pleasurable sensations and without erection. There was no discharge from the penis after defecation or urination, no stricture, nothing abnormal except a very small penis. He stated that his morning erections were vigorous. This statement in regard to the morning erection, if true, offers an exception to the general rule, for as such cases belong to the paralytic type, the erection centre and the muscles innervated by it, and the plexus anastomosing with it, are too much exhausted to react fully to the irritation of a full bladder."

"This patient, under treatment, recovered sufficiently to break through the strict orders forbidding any indulgence, and he fornicated repeatedly; this act he was able to accomplish, but it prevented the restoration of full power, and he finally disappeared."

"Spermatorrhea, in the sense of a constant flow of semen from the urethra after urination, during defecation, and at odd times, spermatozoa also being found in the urine, *is very rare*. Exceptionally a vigorous man, who has been given to mas-

turbation, or to excessive fornication, and who stops suddenly, will, in place of frequent nocturnal pollutions, be troubled with mucous discharge, which on examination will be found to contain many spermatozoa; this represents an overflow from the seminal vesicles, due, no doubt, to temporary paresis of the muscular fibres of the ejaculatory ducts. It is a condition which under appropriate treatment promptly subsides."

Of the very large number of cases of alleged spermatorrhea, so few of them are *true* cases, Dr. Martin states he has seen but one. This case is described as follows:

"D. D., clerk, aged thirty-two; addicted to masturbation for twelve years; never had connection with a woman, and feels for women no natural desires. During the last two years has had a constant running from the penis, aggravated on urination and defecation. He has frequent nocturnal pollutions; these do not wake him, and he is only aware of them from finding the stains on his garments. During evacuation of the bowels (especially when slightly constipated) the discharge is pronounced, has a seminal odor, and slightly pleasurable sensations are experienced during its flow. This discharge runs from the penis in drops without erection. Four years ago the patient noticed that morning erections were absent, and that priapism

did not result from libidinous thoughts. Later, in the last two years, libidinous thoughts caused running of sperm-like fluid without marked pleasurable sensations. For the last year he has had no erection. Friction of the glans produced discharge of a whitish fluid."

"The patient was in appearance a typical masturbator. He was small, emaciated, hollow-chested, thin-necked, weak-kneed, shambling in his gait, careless in his dress and person. In his deep-set eyes rested the shadow of despair. His pale, hollow cheeks, and general expression of moral abasement, were sufficiently indicative of the practice that had brought him to this condition. His penis and testicles were unusually small. The penis was cold, shriveled, and almost cartilaginous in its density. Examination of his urine showed large quantities of spermatozoa, and oxalates in abundance. The fluid discharged during stool and after urination was swarming with spermatozoa. He complained of all the various reflexes with which these patients are afflicted—headache, loss of memory, tinnitus aurium (ringing in the ears), bad taste in the mouth, wind on the stomach, obstinate constipation, palpitation of the heart, shortness of breath, colicky pains, backache, uncontrollable restlessness, pains in the hypogastrium running down the thighs, burning in the anus, etc."

“The causes of involuntary seminal emissions *are the same* as those which cause *prostatorrhœa* and catarrh of the urethra. The lesion produced is in the first place inflammation of the prostatic urethra. This leads to hypersensitiveness, followed by exhaustion of the erectile and ejaculatory centres.”

“Of the most frequent causes may be mentioned prolonged and ungratified sexual excitement, *masturbation* and *sexual excesses*, gonorrhœal inflammation, exhaustion from over-work, worry, anxiety or grief; or from constitutional conditions, such as acute fevers or consumption in its early stages; from organic lesions of the central nervous system; from the abuse of drugs, such as alcohol and opium; from reflex irritation of the penis; such as that due to phimosis or herpes of the prepuce; from a narrow meatus; from reflexes from the anus, such as are dependent on fissures, piles, polypi, or irritation incident to worms, or to skin eruptions, or obstinate constipation.” (Any one or more, of all these mentioned causes may excite involuntary seminal emissions.)

“*The Diagnosis* (final conclusion from the symptoms what the disease is) of involuntary emissions must be founded on microscopic examination. If the sperm-like discharge, which flows during defecation, after urination, and at other times, on repeated examination is found to contain a *few*

spermatozoa, never in great numbers, it may be concluded that the case is one of *prostatorrhœa*. If, however, spermatozoa are *very numerous* in this discharge, and are nearly always found, the case is one of *spermatorrhœa*. However, since the treatment of the aggravated forms of both affections is much the same, it is not very important to distinguish which of these the patient suffers from."—*Martin*.

"Another cause of impotence in adult life," says Dr. Hammond, "the operation of which may begin in youth and continue until the individual is well advanced in years, or engages in sexual intercourse, is the *nocturnal emission of semen*. The influence of this factor is, however, in general very much overestimated, it being rarely the case that of itself it is productive of any serious disturbance of the health of the reproductive organs; on the contrary, in the great majority of cases it is a perfectly normal phenomenon. But when it occurs too frequently, or when existing in conjunction with sexual excesses, nocturnal emissions are capable of *causing marked deterioration of the sexual power*, or of increasing that which already exists."

"A few words in relation to the physiology of the subject will not be out of place, inasmuch as they may serve to place the matter in its *true light*."

"In young men of entirely chaste habits it gen-

erally happens that soon after the supervention of puberty nocturnal emissions will begin to occur. So long as they are not more frequent than once in a fortnight, they are strictly within the limits of health. They merely show that in the course of the development of the reproductive system semen is being secreted, and that when the vesicula seminales become full, nature steps in, and in her own way empties them."

"If the young man keeps his thoughts pure, avoids late suppers and exciting amusements, which create emotional disturbance, and does not sleep on his back, nocturnal emissions would be unusual in their occurrence, and would probably, in a young man past the age of sixteen, not occur oftener than once in six months. But in practice it happens almost invariably that the thoughts are not kept pure; amorous romances and plays, the intermingling of the sexes, the sight of suggestive statues and pictures, associations with other boys who indulge in lascivious conversation, the sight of animals copulating, and many other factors, are all so many excitants of the genesic function which cannot be avoided, and which in many cases it is not proper to avoid, unless we would have our boys grow up without any emotional development."

"The chaste and well instructed boy does not masturbate. The idea of such an act is disgusting

to him, but he goes to bed, and in his sleep has a dream in which the impressions made through the day are revived; the cerebrum not then having the full control of the lower nerve-centers, these act in accordance with the idea presented by the brain, and thus without the volition of the boy the sexual orgasm occurs."

"Such an event happening no oftener than once in two or three weeks does no harm. But,—if from the reading of obscene books, looking at obscene pictures, or what is still worse (doubtful), immodest conduct or conversation with individuals of the opposite sex, the frequency of the emissions will be materially increased, then the case is different, for not only may there then follow general and nervous debility, and other evidences of bad health, but impotence more or less complete may be the result."

"If in addition, masturbation be performed with all its accompaniments of lascivious images, nocturnal emissions are quite certain to ensue, and to *pass beyond a healthy standard* as to frequency."

"SLEEPING ON THE BACK, causing the blood to settle in the spinal cord and medulla oblongata, which produces a state of passive congestion, and also by allowing those parts to become over-heated increases the reflex excitability of the generative organs, and hence predisposes to the occurrence of

nocturnal emissions. Except in cases of advanced sexual debility, with the sexual desire extinguished, emissions during sleep are usually accompanied by lascivious dreams."

"In regard to *diurnal emissions*, physicians hear much from patients of their passing their semen when straining at stool, and of its escape with the urine. Though such cases are possible they certainly are exceedingly rare. In my opinion not one case in a hundred of *alleged* escape of semen during defecation and urination, is in reality *semen*. The excretion which is squeezed out during the straining, is generally prostatic or urethral mucus. In the whole course of my experience I have seen but one case in which there was an escape of semen during defecation, and in that instance there was a feeble approach to an orgasm."

"In regard to the passage of the semen with the urine, an event which is supposed by some to occur in consequence of the secretion flowing back into the bladder and then being discharged during urination, I am quite sure that this never happens in the way mentioned. It is not uncommon to find spermatozoa in the urine that is first discharged after sexual intercourse, for the emission accompanying the orgasm always results in a little of the semen remaining in the urethra, to be washed out with the next passage of urine. But the notion of

the semen, gradually and without orgasm, flowing back into the bladder and then being evacuated is the veriest nonsense in the world."

The views of Dr. Acton, while they agree in the essential points with those of the physicians we have already quoted, are at variance with them in some of the minor conclusions relating to this division of this book. It is not the intention of the author to try to harmonize individual opinions, but rather to give the reader the fullest and most complete information possible to be obtained from *all* authorities. We quote from Dr. Acton as follows:

"Instead of taking place only during sexual congress, emissions may occur at night. Great alarm is often expressed by patients who suffer in this way; but I am enabled to give them much relief when I mention that such emissions, occurring once in every ten or fourteen days are in the nature of a safety-valve to persons who do not take enough exercise, and who live generously. It would, however, be better for the adult to be free even of these. It is when the losses or escapes take place repeatedly, attended by symptoms of prostration, that the patient should seek medical aid."

"I have every reason to believe that a man recovering from spermatorrhea, or who has been

under treatment, and complains that he suffers from nocturnal emissions, often believes that he still suffers, simply from dreaming that he had an emission. A case now under treatment will illustrate this."

"A rather dreamy individual came to me, complaining that he suffered severely from nocturnal emissions. He was treated and recovered his health; he admitted that he never felt better, and, but for the emissions, would consider himself quite well. I could find nothing the matter with him; he had gained flesh, his former bright look had returned, but he insisted that he had had emissions sixteen times during the previous month. All that I could say was that his looks did not correspond with his statements. To convince me, he brought some of the emitted fluid, but I failed to detect in it any of the characteristics of semen. I am of course perfectly satisfied that this patient had no wish to deceive me, but I am equally convinced that he merely *dreamed* that emissions occurred, and that what he brought me was *prostatic* fluid."

"There is a popular belief existing that it is dangerous to attempt by the will to check emissions. This is as true and as false at the same time as many popular notions are. It is undoubtedly dangerous to mechanically prevent ejaculation, by

attempting to compress the perineum, or by the pressure of a cord tied round the penis, for in these cases the semen is merely forced back into the bladder, but not prevented from passing from the vesiculæ seminales. It is dangerous for a man to excite himself, or to allow his sexual feelings to be excited frequently, and habitually *attempt to prevent emission.*"

"Patients will tell you that they cannot control their dreams. This is only partially true. The mind during sleep is of the same *character* as when awake. It is, therefore, not surprising that if a man has allowed his thoughts to dwell much on libidinous subjects, that they will recur in his dreams; the one is the natural consequence of the other, and the nocturnal pollution is the natural consequence of them both."

This is but a repetition of the same principle applied to different circumstances, so often mentioned in this book, that one cannot *permit the temptation* without sooner or later *reaping the evil* that is sure to follow, even in our dreams.

"The disposition in the system to repeat an act and establish a habit is very curious. We notice it in children who wet their beds. Once establish the time of the bowels acting, and thereafter they usually act at that same time with regularity. The same rule is more or less true of emissions; if they

occur one night they are likely to occur the next, and the next. The secret of prevention is, in part, to *break the habit*; and the sooner it is attempted the easier and quicker it will be accomplished."

"Day Pollutions :—A strictly continent man in good health, who follows the rules of healthy and chaste living, will notice little or no secretion from the urethra during the day-time. If, however, the man has permitted temptation and sexual excitement of the mind in any way, he must not be surprised if he notices escapes of glutinous secretions from the urethra during the day-time. The sufferer who has read in quack books of the exaggerated consequences of these affections, will endure great anxiety as to the results."

"While I assert that great exaggerations are indulged in upon the subject, still, those are equally blamable who assert that the symptoms of debility, exhaustion and impotence cannot *ever* depend upon this drain of semen. In practice we find that these involuntary emissions, when occurring once or twice a day, or perhaps every time the bowels or the bladder is emptied, or from slight sexual excitement, is attended with a train of symptoms which have a very prejudicial effect on the constitution of a large number of susceptible adults. It is very easy for cynics to ridicule the idea that the mere escape of a little fluid should be attended with such

serious nervous depression. But it must be remembered that we are speaking of the loss of semen in an *already exhausted* individual. No one who has seen much practice in such cases, can deny the statements of such patients, that one nocturnal emission will debilitate a man for a week; then why, I ask, disbelieve that one diurnal emission does produce a similar effect on the already exhausted sufferer? and patients often tell us that these losses occur several times a day."

"If, then, we come to the conclusion that in the daytime emissions may occur which may give rise to a train of very distressing symptoms, the first question we have to discuss is what they consist of. I have admitted that the hypochondriacal individual may exaggerate the influences of these losses. I lay it down as a rule that these discharges are not necessarily semen. I am rather disposed to believe that in the *majority* of cases the exuding fluid is principally composed of those *other* secretions which are intended to mix with the semen previous to its ejaculation. I am, however, equally certain that in a large number of other cases semen does form a *part* of the emitted discharge."

"If, however, under very slight excitement—such as friction of the trousers, a large quantity of fluid comes away, say a teaspoonful, and if this instead of being an occasional occurrence, is fre-

quently repeated, or if it occurs without having been preceded by an erection, then the semen, prostatic fluid, or other secretion, whatever it may be, may be said to flow away in an *abnormal* manner, and the case requires medical attention."

"There are cases in which the slightest sexual allusion or thought—or the least exercise that tends to increase the susceptibility of the genital organs—such as riding on horseback, the jolt of a carriage or railway train—will occasion an escape. In such a state of things medical assistance should always be employed, more especially if the general health suffers from it, or if the patient acquires that careworn, haggard look, which a skilled eye detects at once as dependent upon sexual derangement. Proper medical treatment will arrest the discharge if taken in time. But if the general health has been seriously impaired, the restoration of it may be a far slower and more difficult matter."

"I am daily becoming more and more convinced that a very considerable proportion of people who are constantly ailing but never considered seriously ill, whose spirits are low, suffer, in fact, from loss of semen, brought about by marital or other sexual excesses, or in one or more of the ways just specified. Loss of semen (in whatever way caused) induces a peculiar train of symptoms that are

very marked and common to all such cases. The usual treatment for affections of the stomach, or the liver, or the heart, or the lungs, is futile, so long as the system is being exhausted by these sexual drains. Physicians may not suspect the true cause, but more often if they do, hesitate to allude to it."

"I cannot help thinking that the professional ignorance evinced of what is a possible cause of such symptoms, or if not ignorance, then indifference to them, is one of the chief reasons for the success of the quacks who fatten on the fears of conscience-smitten patients. If the true cause of these ailments is overlooked, or put out of sight, the patient is not likely to get well, neither will the medical man get much credit for skill or cures."

"In a great number of individuals, both young and adult, an enervated state of body exists, which the profession, as well as patients when attacked with marked loss of semen, characterize by the somewhat vague term—*Spermatorrhæa*. This is a complaint which, I shall attempt to show, is as peculiar by itself, and as certainly to be distinguished by its own symptoms as fever, or any other general disease."

"Many a man has believed himself to be laboring under this affection when, in fact, entirely free

from it. This is also frequently the case with various other diseases. There is, however, as regards this particular ailment, an additional reason for much hypochondriacal fancy (unnecessary depression and anxiety) about it. From the painful stigma which its existence is imagined to cast on the past conduct of the patient, and the secrecy consequently desired, as well as from the ease whereby the inexperienced mistake an entirely harmless condition for it.

From the symptoms of the real and the false being so similar, it has always been freely employed by the unprincipled as a convenient means to create alarm, and work an imposition on the unfortunate. Every disease or fancied ailment which their unfortunate victim can be persuaded into believing to be spermatorrhœa, is called spermatorrhœa forthwith; and in his agony of terror and humiliation the wretched and often innocent patient becomes a ready subject for the wickedest cruelty, and, I need hardly add, the most exorbitant extortion."

"Causes of Spermatorrhea:—The causes of spermatorrhea are various, and are not always self-inflicted. But that masturbation and sexual excesses are the chief causes is beyond all question. Nevertheless, a large number of cases of this disease depend upon other causes; I desire to dwell

upon this fact, and to obtain its recognition, inasmuch as the complaint is not always a self-inflicted one, and when this is the case the stigma attaching to it may be undeserved."

"HARD STUDY—and excessive mental application, is an undoubted predisposing cause of this condition. Hereditary neurotica is another cause. Nervous affections are often the cause of spermatorrhea; still I am not prepared to say that these nervous affections themselves may not be consequences of masturbation or venereal excess. It is very difficult in some instances, and especially in the latter stages, to determine what relation they bear to the spermatorrhea, as in the following instance:"

"A tall, cadaverous, worn-looking man called on me, complaining of pain in the head, disordered digestion, impaired intellect, loss of memory, uncertain gait, difficulty of progression, and uncertainty in putting his foot forward. His history was that of many others—early excesses; mental distress in consequence; feeble resolves, followed by miserable failures; bitter remorse. Whether his present condition really arose from these causes, or instead, from what is vaguely called a nervous affection (chiefly, I suppose, because no apparent cause can be assigned to it), I could not for some time determine. I decided to try the treatment

appropriate to a case of undoubted spermatorrhea. The result proved that my surmise was right, and the nervous affections disappeared with the treatment of the local symptoms."

"Again, other cases exist which are clearly traceable to nervous affections of hereditary origin. I have for years attended a young man who has suffered, off and on, from some of the most severe symptoms of spermatorrhea. He tells me that his mother has been a martyr to nervous affections, and that his family all more or less labor under various hysterical and nervous disorders. In the male, these functional disturbances often assume the form of spermatorrhea in cases where I am convinced no vicious habits have been practiced. I am not so sure, however, that in married life sexual excesses have not been the cause of aggravating the symptoms."

"Nocturnal Emissions, as they induce the loss of semen, act as a very frequent exciting cause of spermatorrhea. *Marital excesses* act in exactly the same way. A patient will come to his medical adviser, stating that he is constantly losing semen, either by day or by night, or both. This may be true; and, if true, is a serious thing, but alone it does not constitute spermatorrhea. In nine cases out of ten, however, the statement is much exaggerated, or only very partially true; this is not

intentional on the part of the patient, for they are generally very seriously in earnest, but is a misapprehension that naturally arises from the false information they have received on the subject, and which I have before referred to."

"I have already pointed out the great error it would be for a medical man to set down as seminal discharge all secretions that are to be found in the urine at the time it is passed, or which may be discovered after allowing it to stand. These rules, however, should not be forgotten—first, that if the discharge is wholly or in part actual semen, spermatozoa, or traces of them, will always be found in it; but, secondly, that—

"The finding of spermatozoa in urine does not conclusively prove the existence of spermatorrhea, or even of constant seminal discharge. The effort of difficult urination or defecation, or, if the patient has not long since had sexual connection, or masturbated, or even his having lately undergone sexual excitement, is enough to account for any semen that may be found in the first urine that is passed thereafter. A small quantity of semen may have adhered to the walls of the urethra and is washed out with the first stream. It is not, then, the occasional presence of spermatozoa in the urine, but rather the habitual escape of semen, coupled

with general symptoms of debility, that constitutes the condition—Spermatorrhea.”

“I cannot let this opportunity pass without urging my professional brethren to depend less upon the discovery of spermatozoa than on the consideration of the general symptoms that the patient's case presents. Thus, if a patient has that peculiar worn or haggard expression with which the physician is so familiar, if he complains of lassitude, nervousness, loss of memory, and if on cross-examination he admits evil practices in youth, or marital excesses, or impotence, what does it matter to the physician whether he can or cannot detect the presence of semen in the urine or in the mucous discharge? Scientific curiosity may prompt an effort to discover semen, but the chief care of the physician must clearly be to treat the symptoms that are patent to his sight.”—*Acton*.

SEVENTEENTH DIVISION.

SEXUAL TROUBLES THAT ARE IMAGINARY, INSANITY, ETC.

VERY many men become unnecessarily alarmed about their sexual condition. This is not to be wondered at when, as we have shown, it is exceedingly easy to mistake comparatively harmless discharges and symptoms for those of a more serious nature. This needless alarm, which, at first, is perhaps but a suspicion, feeds upon itself and upon false information, and grows day after day until at last it becomes a positive conviction.

These cases in which the trouble springs from causes that are a small part real and a large part imaginary, from continual thinking about them and brooding over them in silence, finally appears so real and so actual to the sufferer that he is not ready or willing to accept or believe anything different about himself, even when advised by a physician who has seen thousands of similar cases. Not a few of such cases finally develop into hypochondriacal insanity. And this mental perversion not infrequently happens with individuals who, on other subjects, are more than ordinarily intelligent and well informed.

Again, this is not to be wondered at when we remember that an intelligent man realizes that the reproduction of his species is the greatest and most important endowment that he receives from his Creator, and that any degradation of this high function is the most deplorable calamity that can befall him; and he feels this the more keenly if a guilty conscience persistently reminds him that it is the result of his own unrestrained lust. Besides this, the ethics of civilized society casts such an ignominious stigma upon a condition that it itself is largely responsible for, by reason of the environment of false modesty and ignorance with which it surrounds this most important subject.

Then again, the worst, most deplorable peculiarity of this abnormal condition lies in its double reflex action. As we have seen, repeated or excessive shocks to the nerves, either of passionate pleasure or of remorse, anxiety or sorrow, result in exhausting the vital energy until depression and despondency follow. This, in turn, produces an irritation of the sexual genitalia until it sets up a *craving for a repetition of the exciting cause*. Thus it is easily seen how a habit is formed that it is very difficult to break. Inclination to gratify the passions *increases*, just in proportion as the resisting power *weakens* and *decreases*, and although the victim of this strange environment perceives his danger, and

struggles against it, at last he yields again to its terrible seductive power, and thus bad habits are formed that soon become almost irresistible.

The result is that, after a time, the mind becomes in an abnormal diseased condition, as well as the physical economy, and, as we have stated, one reacts upon the other. And together each does its part to exhaust the vital energy which is the essential life of both the mind and the body.

Of the imaginary diseases that sexual hypochondriacs suffer from, none is perhaps more common than the supposition that they are constantly involuntarily losing semen. A case of this kind is mentioned by the great English surgeon, Sir James Paget. "I once," said he, "examined, for many days in succession, the urine of a patient who was persuaded that he passed semen with it, and semen could always be found when he had had a nocturnal emission, but never on any other occasion. A former colleague of mine assured me that he had often observed the same thing after copulation, and this, I believe, is the whole truth concerning semen passing with the urine; whatever may chance to be left in the urethra after an emission, is washed out; but that which frightens the ignorant and the hypochondriacal is not even this; it is simply *mucus* of the urinary passages, either quite healthy or perhaps changed in some trivial manner."

“Not much unlike this misunderstanding about vesical mucus is another in which some persons, chiefly the middle-aged and elderly, with diminishing sexual powers, make themselves miserable. They find in their urine little threads of floating mucus, which they say are always washed out of the urethra at the beginning of the urine-stream, especially in the morning. They watch these with the greatest anxiety, and send them to you on bits of paper or of glass, begging you to examine them very carefully. I believe that they are only bits of prostatic mucus secreted in the night and washed out with the morning urine. But whatever they may be they are not of the least importance. You may find them passed by men who neither know or care anything about them and whom they never harm, and even hypochondriacs go on month after month passing them and yet suffering nothing but their mental misery.”

Another subject of gloom and alarm to some is, that during sexual excitement, and, as they suppose, worse still, when they wake in the morning, they find a clear, colorless fluid flowing from the urethra, or easily pressed from it. Here, again, the complaint is about that which is but natural; and it would be just as reasonable to be alarmed about tears that flow during grief.”

“The urethra naturally secretes mucus during

sexual excitement, precisely as the mouth secretes mucus in anticipation of something good to eat; it secretes more or less in different persons, but some, I believe, in all; and as to the morning secretion it is due either to some sexual excitement during sleep, forgotten before waking, or to the general condition of turgescence or erection of the sexual organs which in most healthy persons exists during some part of sleep."

"In *no case* is this clear urethral mucus a sign or consequence of disease, unless, perhaps, where an excess of it is a residue of gonorrhea. It is, I think, most abundant and most quickly formed in those whose sexual organs are more irritable than potent, but this is the worst that can be said of it; and even in these it is not the sexual organs, but some part of the nervous system, the brain or the spinal marrow, that is in the wrong. In *no case* does this secretion deserve to be called or treated as a disease."

"These cases are almost as bad as those who are troubled because they have discovered that one testicle hangs lower than the other, and are greatly surprised when the physician proves to them that is the natural position of them in every healthy man."

"Cases presenting delusions similar to the above are common enough in every physician's practice,"

says Dr. Hammond, "and it originates or is encouraged by the various quacks who pretend to be possessed of secret remedies and quick cures, while at the same time exaggerating the importance of every little out-of-the-way circumstance that may exist. They know well that their chief way to obtain illicit gain is by frightening the patient into believing that he is on the high road to impotence, and softening of the brain, and that they alone recognize the danger he is in. In this way the patient is brought to a condition of what may be called "false impotence." He is afraid to make the attempt at sexual intercourse, lest in failing he should have his worst fears realized."

In speaking of this class of patients, whose fears and troubles are caused by imaginary conditions, Dr. Acton says: "There is a circumstance that must not be lost sight of by the judicious practitioner in the treatment of these cases, namely, an invalid may pass a secretion which he considers or *fancies* to be semen, but which is only mucus mixed with semen, or fluid that is secreted by the prostate or vesicula seminales. In such highly nervous and susceptible individuals, ignorant, moreover, of its true nature, the leakage of this fluid will have a highly detrimental effect on their health and condition. When we notice how some men will concentrate all their thoughts on these sexual subjects,

who have never read a quack book or been frightened by alarming details, the practitioner will not be so much surprised at the importance attached to an otherwise comparatively harmless circumstance."

"It is not to be wondered at that patients with only incomplete information, and even that often being of a false and deceptive nature, are honestly mistaken about these emitted fluids, when even physicians of but limited practice often make grave errors concerning them. A discharge consisting only of mucus from the bladder, or composed of *phosphatic deposits* which in nervous subjects pass away like so much milk or cream, and in surprising abundance, is often mistaken for true seminal fluid, to the great alarm and serious detriment of the patient. Cases have often been referred to me even by medical men, and I am told that the sufferers labor under diurnal emissions; but, on examination, I find that it is only phosphates, and not semen, which causes the peculiar appearance in their urine."

"However, it is no wonder that these white secretions should alarm the patient; the hypochondriac fully believes that it is semen that is passing away; what is worse, however, is that through the power of this false examination, curiously enough, the effect, the general depression which attends the

profuse discharge of these deposits bears a *close resemblance to that following loss of semen.*"

"In other instances, small floating atoms or flocculi may be seen suspended in the liquid passed, and which the patient will point to as, in his opinion, presenting undoubted proofs of the affection. These the medical man will be able to inform him are nothing but epithelial scales thrown off by the mucous membrane, and may be a sign of traces of gleet, but happily, is no evidence whatever of spermatorrhœa."

"Suspension of mucus in the urine as it cools will often be pointed out as semen. This—depending upon some slight irritation of the bladder—may be easily distinguished by the physician from semen. Again, in other instances, the flocculent matter instead of appearing white, may be of a brick-red color. The patient may then be assured that this is a deposit of the urates or the lithates depending upon indigestion, and presents one of the means by which the system gets rid of superfluous nourishment."

This is not the only way in which any or all of these comparatively common and harmless deposits that are found in the urine, are mistaken for what they are not, and cause unnecessary alarm. Just as some men become distressed by sexual fears of impotence, and once possessing that notion, jump

to the conclusion that these deposits are semen,—so there are very many other men who in an exactly similar manner become possessed of the notion that they have a probably incurable form of Bright's disease of the kidneys, and this erroneous idea often originates or is confirmed by their observation of any one of these same deposits appearing in the urine; which, in such cases is imagined to be albumen, they having heard that the presence of albumen in the urine is a certain symptom of this often fatal disease."

This well illustrates the power of the imagination, to transform the most harmless circumstance, into the most dangerous symptom, as for instance, turning these various deposits that may be found to a greater or less amount, even in healthy persons' urine, into semen, or into albumen, whichever is necessary to fit the imaginary condition.

In this connection, however, the important point to bear in mind is, that while the condition is imaginary,—the anxiety and worry that is created on its account, is only too real, and often produces the same train of symptoms and does as much harm as if the condition actually were what it is imagined to be.

Anxiety about Size of the Genitals:—
Another thing that causes much silent but needless worry with many young men of inexperience

in sexual relations is, the fear that their sexual organs are too small. When such a condition actually exists it is called—Atrophy—of the organs. The anatomy and ordinary normal size of the male sexual organs is given elsewhere in this book and need not be repeated here. Imposters find this a very weak point to attack in many men, so they boldly mention it in their advertisements and magnify its importance all possible.

While it must be admitted that when masturbation if practiced to any great extent before puberty or before the body has its mature growth sometimes prevents the sexual organs from reaching the normal or average size, still, in a general way, it is of no more importance whether a man's sexual organs are unusually small, than whether his hands or his feet or his nose are not as large as some other men have.

It is true there is more or less disadvantage and inconvenience in *extremes* of any kind. The man or woman who is above or below the average height, size or weight, is sure to experience at times more or less serious trouble or disadvantage from it. It is probably no more so in relation to the sexual organs than of any other part of the body. The fact is that in its effect in marital relations there are probably more cases of incompatibility, inconvenience and pain, caused by the male's organs being

too large, than there are cases of their being too small.

This is one of the imaginary troubles that men suffer through ignorance. The *size* of the sexual organs is never, and by no means of as much consequence or importance as their *condition*. If they are in a healthy condition, and capable of performing in a satisfactory manner the functions they were designed for, that is the all-important thing. And those who are troubled about the size should remember that usually a small penis enlarges more in proportion during erection than a large one, and that the so-called small one may actually be the largest when both are erect and turgid. There is also much evidence to prove that the male organs which are under-size and undeveloped, grow larger and develop after marriage.

At school, at the baths, and in other places where young men congregate, when opportunity permits there often may be found foolish young men, who take a sort of vulgar pride in apparently accidentally (but really intentionally) exhibiting their organs to their companions, especially if they happen to be abnormally large; and more or less silly badinage about them is indulged in. Ninety-nine per cent. of the statements and stories that pass between men on such matters, and which usually emanate from low morals and vulgar propensities, are exaggerations, if not wholly untrue.

It is from these vulgar exhibitions of exceptional cases, together with the false, exaggerated stories that are told, that first starts suspicion and fear in the young man's mind whose sexual organs are only of normal or perhaps a little less than normal size. Then, if the young man permits it to trouble him, his mind broods more or less over it in silence, for his suspicion about himself is a secret that he carefully guards, not daring to mention the subject to his best friend. He reads more or less of the mercenary literature on the subject, the intention of which is to add to his fears, and, of course, it does.

In the course of years and events he 'falls in love' and contemplates marriage; then the uncertainty that dwells in his mind as to his condition adds greatly to his torment. This brings a crisis in his life, and sometimes it ends in marriage,—sometimes in celibacy,—sometimes in insanity,—and sometimes in suicide. There is no doubt whatever, but that the true cause of many obscure suicides, for which no reason can be assigned, are caused by despondent hopeless fear about their sexual condition, which friends are not aware of. And it is equally true that much of this fear and self-condemnation, has only imaginary evils for its basis; that if the sufferer only had sufficient courage to get honest information, and if needed, honest treatment, all would be well.

If any reader is doubtful, and inclined to think that the statement here made is over-drawn, let him read the evidence that follows of cases that have actually happened and been recorded; and there are many thousands of such cases, the history of which is kept inviolately secret by the honorable physician's oath, in which not even the most near and interested friends are allowed to share, and who are often plausibly deceived as to the facts.

“Such cases” says Dr. Hammond, “unless the patient can bring to bear a little common sense on the subject, are apt to pass on into a *hypochondriacal condition*, in which the whole attention of the individual is concentrated upon his generative organs. He examines them many times a day, measures them, and is constantly applying lotions, and running from one physician to another with stories of their deficient power, lamenting the shrinkage of his penis, the gradual disappearance of his testicles, etc., etc.”

“Convinced that sexual intercourse is altogether beyond his power, he abstains from any attempt, and continues to lament his sad condition. In one case of the kind that came under my observation, the patient, probably from some slight weakness of the organs due to previous excess, contracted the belief, soon after marriage, that his sexual

power was gone, and that the result was due to atrophy of the testicles. As a matter of fact, there was no change in the consistence or appearance of these organs whatever, but it was impossible to convince him of this fact. Under the idea that phosphorus was a tonic to the generative system, and would cause the nutrition of the testicles to be better effected, he kept the scrotum well anointed with an ointment containing phosphorus, and drank no other liquid than phosphoric acid and water."

"In this case the conviction of absolute impotence was so strong that it was impossible for an erection to take place, even under the most provoking circumstances. Indeed, he declared that all attempts in this direction were a mockery of Providence, and, therefore, in the highest degree sinful. In my book on insanity I have treated the subject of hypochondriacal mania at length, and from that book I cite the following instance:"

"A patient of my own, after great sexual excesses, took the idea that his penis and testicles were diminishing in size. He spent the greater part of each day in measuring them and recording the result in a book which he kept for the purpose. Finally he reached the conclusion that they had entirely disappeared, and although he did not go about lamenting the fact, he was examining the

region as often as he could get an opportunity, and making a record of the results of his examination. As an interesting instance of the line of thought of a hypochondriacal maniac, I transcribe here a portion of his diary for one day."

"November 4th, 9 A. M.—The event I have been fearing has at last occurred: they have entirely vanished! absolutely vanished! and I am ruined. Oh, my God! how I am punished for my sin!

"9:30 A. M.—Cold water does no good; hot water is no better. Will try blistering.

"9:45 A. M.—Not even a vestige of penis or testicles, not a vestige. I will consult a physician. No; I cannot exhibit my misfortune. Applied blister.

"10 A. M.—Removed blister to see if they really have gone. Alas! it is too true. Blistering can be of no possible service. Removed it.

"10:15 A. M.—Reflected that if they were really gone there ought to be something left to show where they had been. Find ample evidence. A vast cavity. Will consult a surgeon; but how in heaven can he help me? Is there any medicine that can restore the organs when they have entirely gone, as have mine? It would be a mockery, a sinful mockery. God knows I have sinned enough.

"10:25 A. M.—There is no doubt of it. They have gone, and I am a ruined man. I am no man.

I am a eunuch, an unsexed man; a mere thing without purpose on earth.

"11 A. M.—Oh, God! for me, a man, a strong, lusty, vigorous, boastful man, to be reduced to this! What am I fit for? My mind is certain to become weaker. I shall grow to be fat and pulpy. I will be an oyster, a big, disgusting oyster.

"11:10 A. M.—Have just urinated, and had the most singular experience. The urine oozed out from the place where the penis used to be, but alas! where it no longer is."

"This will suffice; there were hundreds of pages of such stuff. He finally came to see me, and brought his diary with him for my instruction. He, with the utmost confidence in the correctness of his perceptions and judgment, attempted to demonstrate to me the complete absence of his sexual organs. I could detect no deviation from the normal size or appearance of them, but no arguments or tests that I could apply sufficed to undeceive him. He groaned and wept over his misfortunes, walked up and down the room cursing himself for his wickedness, and the science of medicine for its inability to help him."

"Such desperate cases are extremely difficult to cure, the delusions become more and more fixed, and very often extend in other directions. They

constitute one of the most obstinate forms of insanity with which we have to deal."

"There is, however, another form of hypochondria, having its basis in real or supposed derangements of the sexual organs, and in which the prognosis is more hopeful. Cases of this variety are founded on the emotion of remorse for sexual misconduct in youth, and are further characterized by the display of a vast amount of ignorance in regard to the anatomy and physiology of the reproductive system. The following extract of a letter recently received from a young clergyman exhibits in a strong light most of the features of this form of sexual hypochondriasis,—

" * * * For oh, sir, I am one of the most unhappy and most afflicted of men, and if any one ever needed your assistance, I do.

"In my youth I was guilty of the fearful sin of masturbation, and through it I know I have ruined myself both in this world and in the world to come. All my symptoms are clearly traceable to this cause * * *

"I will be as brief as possible:

"In the first place, I cannot go into the society of ladies, even though they be of the most refined character (and of course I know no others), without having my semen escape. I do not have erections but it flows from me involuntarily, and I feel weak

and depressed mentally and physically for hours afterwards.

“Second.—When at stool, especially when I am constipated, and I am obliged to strain, the semen escapes, and this again without erection.

“Third.—I have repeated nocturnal emissions, and they are accompanied by the most degradedly lascivious dreams. When I awake I feel so wretched that I am tempted to commit *suicide*, rather than longer endure my sufferings and contemplate my degradation.

“Fourth.—I am engaged to a lovely girl, and yet on account of my sexual weakness *I am afraid to marry*. I feel that such a step would be the destruction of her and my own happiness, and an act of the grossest immorality.

“Fifth.—I am sure that my condition is known to every one I meet who has any knowledge of such disorders as mine. I find that physicians scrutinize me closely, as if endeavoring to make a diagnosis from my appearance, and that many others look at me sharply in the face, as if suspecting my trouble.

“Sixth.—I have pains in my head and back; my digestion is bad; I have eructations of gas, and sometimes of a sour liquid, and of food which I have just eaten, and I sleep very badly.

“Seventh.—My penis is shrunk in size; my

testicles are disappearing, both are softer than they should be, and one hangs lower than the other. (Notice his mistaken notion about this.)

“Now you will see how desperate my case is. I have struggled manfully, I think, against the ills that bear so heavily upon me, but without success. I have applied to physicians, but they have given me no relief. One wanted to burn my urethra with nitrate of silver, but I defer the operation till I hear from you. I am willing to undergo any suffering to be cured of my affliction. * * * As to my virile powers, I scarcely dare hope that they will ever be restored.”

It may appear to the reader as if this young man were in a desperate condition, and so he was; but his desperation, was more the result of his own ignorance about such matters, and his misapprehension, and the wrong construction that he applied to symptoms that were not serious of themselves, most of them being quite consistent with health, providing of course, that the patient were in the proper state of mind. There is no difficulty in curing a case like this, if the intelligent, submissive, co-operation of the patient can be secured. As Dr. Hammond remarks,—

“It will very readily be seen by the *physician*, that every circumstance on which this young gentleman relied to strengthen his conviction that he

was impotent was a purely *natural* phenomenon. Doubtless, as he says, he had in his youth committed masturbation. The remorse for conduct which he afterwards learned was improper, and the persistence of nocturnal emissions, are the only features deserving the least consideration as causes of his mental and physical state. This was my first impression, which was afterwards confirmed, when the case came under my care. On examination I found the generative organs in *good condition*. By getting his thoughts from himself, enlarging his knowledge of the anatomy and physiology of his sexual system, insisting on a full diet with plenty of out-door exercise, cold baths, and the administration of tonic and sedative treatment, the patient entirely recovered in a few weeks, and was shortly after married. If there had been any real difficulty in consummating the marriage, I think I would have heard of it."

"Such an instance is a type of hundreds of others in all parts of the country. If the confidence of the patient can once be gained, there is never in my experience any difficulty in conducting the case to a successful termination."

On the trouble that some men conjure to themselves about the size of the penis, Dr. Acton has the following to offer: "In the negro the penis is proverbially large, but, as in the case also where

the same peculiarity exists in a white man, it does not proportionately increase in size on erection taking place."

"**Size**—I may repeat, is *no sign of vigor*. One of the first characteristics of the perfect athlete of classic times was unusually small though well-shaped genital organs. Indeed, as I have before said, a large, flaccid penis is not infrequently a result and an indication of masturbation having been indulged in to a dangerous extent. Veterinary surgeons, it is true, condemn a horse with an abnormally small sheath as likely to be delicate in constitution. This rule, however, does not apply to human beings, though, undoubtedly, a shriveled, atrophied condition of the organ may, *in addition to other signs*, become a pretty sure sign of the existence of partial or complete impotence."

"There are few questions more frequently put by patients than, 'Do I not suffer under a diminished or diminishing size of penis?' *In nine cases out of ten there is no cause for alarm whatever*. A nervous patient while in bathing has seen another man with a large organ, or from some other cause fancies that his powers must necessarily be deficient, because he thinks his organ does not possess what he considers to be the usual dimensions."

"The size of the penis varies greatly, and it has been a great source of consolation to many patients

to be told that its *efficiency* bears no relation whatever to its *size*. A small penis, indeed, is often a more efficient organ than a large and massive one. A small penis, it should also be remembered, when in a state of erection often exceeds in size one which is larger while in a quiescent state. Again, marriage will frequently increase the size of the organ. Circumcision, in cases where the prepuce is very narrow, will tend to the same end. In most cases, however, no treatment whatever is required, and the patient may be assured that the due performance of marital duties is fully compatible with a moderate-sized organ, providing that it is otherwise in good condition."—*Acton*.

"If the penis is *absent*, or exists only as a rudiment, the impotence is absolute and incurable. But if the organ is present and normal, excepting in regard to size, *even though it is exceedingly small*, the patient is not necessarily impotent from that cause."

"In a case, a man of twenty-six, whose genital organs were not larger than those of a child of eight years, after two years of married life and physiological activity, there was complete restoration to the normal size. The practical point to be remembered in these cases of arrested development is that treatment may be followed by satisfactory results."

"The application of an apparatus which tends to

produce venous congestion has in some cases, *it is alleged*, been followed by satisfactory results so far as growth is concerned. Such an apparatus consists of a chamber into which the penis is introduced, and from which the air is then partially exhausted. As a result it is *claimed* that an augmentation in size takes place, which, on continuing the treatment for weeks or months, is permanent."

"Again, in many cases considerable increase in the size of the organ has been noted in the first five years of married life. *Enormously large size* of the organ sometimes renders intercourse impossible."

—*Martin.*

The apparatus for enlarging the penis above mentioned by Dr. Martin, has received the attention of many practitioners, and its utility or value does not seem to be confirmed. Here is what Dr. Hammond says about it. "I have tried the air-exhausting apparatus devised by Mondat, in several cases; as a consequence the penis at once becomes filled with blood and a mechanical erection is the result; but I have never known it to do any good, not even for the purpose of obtaining a single act of intercourse. As soon as the air is readmitted and the instrument is removed, the blood leaves the penis, and flaccidity is the *immediate* result. Upon one patient who employed it, every application was attended with an emission and orgasm,

but without the least feeling of pleasure. It is very evident that in careless hands it might cause rupture of the vessels or even of the tissues of the penis." It may be noticed also, that Dr. Martin does not claim anything for it from his own experience or knowledge.

Varicocele :—This is another affection which is common enough to men, and which through the same channel of ignorance, and literature that is designed to alarm, is magnified into unnecessary importance and anxiety to the young man. This condition is described by Dr. Keyes as follows:

"Varicocele is a dilated condition of the veins of the spermatic cord. It occurs nearly always on the left side, and feels like a bunch of earth-worms in the scrotum. The left testicle when in a healthy condition naturally hangs lower than the right, and is a little larger than its fellow. (What a deal of trouble this simple information would save some men.) The veins on the left side are longer, empty into the kidney-vein, and their circulation is influenced by constipation on account of their proximity to the end of the lower bowel. These causes are supposed to account, in the main, for the fact that varicocele of the left side is common, and of the right side very rare. Great numbers of people—especially young unmarried men—have more or less varicocele in the left side. As a

malady it is unimportant, and generally disappears for the most part after marriage. Only when it causes great pain in the testicle, or wasting of the testicle does it call for treatment."

"The treatment is palliative or radical. The former is by far the better, and consists simply in the use of a well-fitting suspensory bandage. When matters get to such a pass that a radical operation is called for, the case passes into the surgeons' hands."

"Hydrocele—or dropsy of the testicle, is a common malady and need not cause serious alarm. It is simply a distension with fluid of the sac which surrounds the testicle, the *tunica vaginalis*. In hydrocele the scrotum assumes a pear-like shape, larger below, and of a size proportionate to the amount of fluid within the cavity of the sac. Little or no pain is felt in the swelling. The malady is only distressing, according to its size and weight, which drags upon the cord. A suspensory bandage generally relieves this discomfort until the patient is ready for operation. This malady is perfectly curable by a simple surgical operation, but medicine does not affect it."

EIGHTEENTH DIVISION.

COURTSHIP—MARRIAGE—PATERNITY.

"Thy wife shall be as a fruitful vine by the sides of thine house; thy children like olive plants round about thy table."—*Ps. cxxviii.*

"As arrows are in the hand of a mighty man, so are children of the youth; happy is the man that hath his quiver full of them."—*Ps. cxxvii.*

"Nevertheless, to avoid fornication let every man have his own wife, and let every woman have her own husband."

"Defraud ye not one the other, except it be with consent for a time, that ye may give yourselves to fasting and prayer; and come together again, that Satan tempt you not for your incontinency."

"But [if they cannot contain, let them marry; for it is better to marry than to burn."—*I. Cor., vii. chap.*

THE union of the sexes for the perpetuation of the race is the most self-evident thing in the world. Of all the high and wonderful powers with which man is endowed, this is the greatest. Whether one believes or does not believe in marriage as instituted by the Bible or the statute law, or in monogamy or polygamy or free intercourse, it matters not, so far as concerns the union of the

sexes being the self-evident intent of the great Creator. It is the first great natural law of our being.

In the civilized portion of the world this union, for good and sufficient reasons, is limited under the license of law, designated as—Marriage. Marriage is the highest contract, and involves many of the most profound interests that man is capable of entering into. Besides the welfare of two beings already in the world, it involves the stupendous problem of a new life, and the predestination of the inherent qualities of that life.

The consummation of marriage, then, is something beyond, and of vastly greater importance than the pronouncement of the priest, or the license of the law. It is the *physical union* of two beings. This physical consummation of marriage, and the physical fitness for it, with regard to the welfare and destiny of lives that are, and lives that are to be, is the highest of all the questions that are involved in the problem of marriage, and the only one that comes within the province of this book to consider.

There is never a more important or more difficult crisis in a man's or woman's life than when they have the desire, the opportunity and perhaps the arrangement made to marry, and yet be carrying in their bosom a *secret doubt* as to their physical ability to

consummate the marriage; and this doubt carries with it a *fear* that if their suspicion about their condition proves true, they will be committing a crime against God, against an innocent partner, and against themselves. Such is often the state of mind of a conscientious person about to marry.

Now, under such circumstances, what is that person's duty? First, we may say it is their duty to be governed neither by a morbid imaginary secret doubt or fear, nor, on the other hand, by reckless indifference. It requires only moderate courage and effort to positively determine what their sexual condition is. This some men try to ascertain by attempting intercourse with women of loose morals. But this method, as we have shown elsewhere in this book, would prove nothing, as attempts made while under the influence of doubt or fear, especially if it is the first attempt, would in nine cases out of ten prove a failure, even in a man whose whose sexual condition was perfectly healthy.

So far as the man is concerned it may be stated as a rule for his guidance, that if he has full, complete erections in the morning, and on other occasions under proper sexual temptation or excitement, and if these erections are not accompanied with involuntary premature emissions, he may be assured with absolutely certainty that he has ability to consummate marriage, and this is true regard-

less of what his habits may have been. Even if he should fail in his first attempts, it would prove nothing more than temporary impotence, through the influence of his mind, and which happens commonly to first attempts. Besides fear, there are other distracting influences of the mind on such occasions that are not conducive to success, and may cause temporary impotence; among these we mention, *too great haste*, or impatience to make the trial; and again, the awkwardness of procedure, due to the inexperience of both parties in first attempts; on this point there is a brief but valuable hint given to the newly married elsewhere in this book (see page 182).

On the other hand, if a man *knows* that his sexual system is weak, that there exists undue *Erethism* with but feeble and infrequent erections, with or without involuntary exudation of genetic fluids from the urethra during urination, defecation, or on slight sexual excitement, it is clearly his duty to refrain from marital engagement; or if engaged, to postpone the marriage indefinitely until his sexual condition can be improved. Marriage under such circumstances can never bring anything but disappointment and misery to both parties. It is the cause of far more conjugal unhappiness, marital infidelity, and either silent suffering or open scandal, than those who are happily

married or who are not subjected to it, are aware of, or credit to it. It goes without saying that it is far better to consider this and act upon it before courtships are commenced, or engagements made.

It is true there has been, and are physicians, whose conscience is very elastic, who advise marriage to patients whom they know to be broken-down wrecks; and this involves an irreparable injury to an innocent party; such advice cannot be considered anything short of *criminal*; and aside from its moral objection and abhorrence, it is not proper or beneficial to such a patient. It is only in case where the patient is suffering from morbid, imaginary fears, with practically nothing the matter with him physically, that such advice is suitable or permissible.

As to advisability of early courtship and marriage, or of long courtships, there are so many complex and intricate questions of expediency involved, the theories, conditions, and answers to which, being changed with each individual case, must necessarily be very conflicting; and to follow them in detail would require a book larger than this, devoted entirely to the subject. Very much depends on the intelligence, the mental, the moral, and the social environment of the individual concerned. Perhaps more than all these it depends on his *temperament*.

There is, however, a period in nearly every young man's life, when it is said of him that he is "Going over fool's hill." This is the period when his mind and his action is dominated more by the sexual instinct, than by reason or sense, or even by love. His fancy temporarily embraces anything that is thrown in his way, providing it is of the opposite sex. This is the period when misalliances are made, only to be regretted in after years. So far as the health of the sexual system is concerned, for a young man who is chaste it is undoubtedly better that his thoughts be occupied as little as possible by the opposite sex until after his twenty-fifth year.

Without either endorsing or questioning their correctness, we give briefly the views of Dr. Acton on this question. He says:—"From a medical point of view, it is very doubtful, to say no more, whether it is desirable for any youth, who has his way to make in the world, to attach himself to a girl early in life, however purely and faithfully. But if an adult is in position to marry, by all means let him do so. If his sexual desires are strong, the power of the will deficient, and his intellectual faculties are not great, early marriage will keep him out of much mischief and temptation."

"All medical experience, however, proves that for any one, and especially a young and suscep-

tible man, to enter into a long engagement without any immediate hope of fulfilling it, is physically an almost unmitigated evil. It is bad for any one to be tormented with sexual ideas and ungratified desires year after year. The frequent correspondence and interviews cause a morbid dwelling on thoughts which it would be well to banish altogether from the mind; and I have reason to know that this condition of almost constant excitement has often caused not only dangerously frequent and long-continued nocturnal emissions, but also most painful affections of the testes. These results sometimes follow the progress of ordinary courtships to an alarming extent. The danger and distress may be much more serious when the marriage is postponed for years."

"I am very far from wishing to degrade love to the level of mere animal passion; on the contrary, it should be a true and deep union of the whole nature, every part taking in this, as in all other matters, its own place. To ignore the bodily and secular aspect of it, however, would be as false and unwise, though not as degrading, as to forget the mental and spiritual. It is, indeed, more than false and unwise, it is dangerous. Experience too often proves that what commences as a pure and most refined attachment may end very differently, if not most carefully guarded. And this guard, as

I have said, may involve much troublesome and almost dangerous distress."

"As to early marriages I can only say, that marriage, even for a young man is better than fornication; but the better way is a training to continence, not indulgence, even lawful. After a pretty wide experience I should lay down as a rule that marriage for the very young is not only unnecessary in any sense, but is an evil, both from a medical and a social point of view."

"Marriage is not the panacea for all earthly woes, or the sole correction of all earthly vices. It often interferes with work and success in life, and its only result is that the poor man (poor in a pecuniary point of view) never reaches the bodily health or social happiness he might otherwise reasonably expect. Under the age of twenty-five, I have no scruple in enjoining perfect continence. The sighing, lackadaisical boy should be bidden to work, righteously and purely, and win his wife, before he can hope to taste any of the happiness or the benefits of married life."

"Am I in a physical condition to marry?"

"Of all the important question that come before a medical man, I know of none that requires more tact and knowledge than this. On the one hand you may have perhaps, the very timid, nervous individual, who may or may not have exaggerated

his weakness until neither he nor his medical adviser can exactly say what his condition is. Often, even in the slighter cases, it requires all the knowledge acquired by long practice to arrive at a just conclusion as to what is real, what is fanciful, in a patient's narrative.

It is, in short, most difficult to say, off-hand, in such cases, whether a man may or may not marry. From what has been already said, it will be seen that I am always disposed to take the sanguine view of the probabilities; not merely because it is a calamitous thing for an otherwise healthy adult to be told by a scientific man, unless on clear and sufficient grounds, that he is so far impotent he should not marry, but because experience teaches me that the majority of adults are able to perform the sexual act."

"It not infrequently happens that a young man, in consulting his doctor, appeals to his feelings, and says—"Tell me the worst; I am ready to hear the statement that I may not marry; but do not let me marry and repent of it, and thereby make two persons wretched—at present I have only myself to care for or grieve over, and I could bear the worst opinion you can give me."

"The pleasure with which these patients receive the announcement that they may marry, must be seen to be appreciated. Yet they can hardly be-

lieve that the opinion is unbiased. Diffidence is a marked characteristic of these men, and they again and again ask, "Are you not taking too favorable a view of my case?" They display the most unselfish feelings, and assert that they could bear their own miserable state of existence, but entreat the physician not to sacrifice the woman."

Although a professional man may *almost* invariably give this favorable opinion, he should not do so without due consideration and well defined reasons. He should realize there being but little probability of his being consulted by any man on such a subject, without his having very good grounds for suspicion, to say the least, that there is a deficiency in his virile powers. The result of inquiry often reveals the fact that, although perhaps a continent man, goaded by his fears, he has made one or more unsuccessful attempts at sexual intercourse.

Montpelier, Vol. III., p. 470, says, "It is precisely because marriage is the most sacred bond for individuals, as well as the most important for society, and because an iron law renders it indissoluble, that it is rational as well as moral not to contract it without the certainty that it will be perfect and complete. 'What,' says he, 'has the young girl, who is thus sacrificed to an egotistical calculation, done, that she should be condemned

to the existence that awaits her? Who has the right to regard her as a therapeutic agent, and to risk thus lightly her future prospects, her repose, and the happiness of the remainder of her life?'"

"The Question of Marriage"—says Dr. Hammond—"is one which a man who is threatened with impotence, or who already suffers from it in consequence of his excesses in youth or adult life, often submits to his medical adviser. It appears to me to be one which under these circumstances, both for the sake of the patient as well as that of an innocent woman,—*should always be answered in the negative.*"

"In the first place, from a sanitary point of view marriage cannot lead to any beneficial result. It probably would conduce to increased excesses or at least to attempts in this direction which could not fail to be of deleterious effect upon the condition of the patient. Moreover, by advising a man sexually impotent to contract an obligation which the physician knows he cannot fulfill, an *offence* against good morals is committed, and a *crime* against society perpetrated, for which there is *no excuse* and which it is difficult to characterize in mild terms."

"But I have known physicians who make a great affectation of decency and religion to deliberately advise a broken down *roue* whom they knew to be

sexually impotent to wed a young, vigorous and pure girl for the purpose of having his genital system stimulated to a higher point than had yet been reached. Nevertheless, one of these same men thought it in the highest degree immoral that a young man of good health who had never abused his sexual system, but who was troubled with nocturnal emissions, and who had abstained from sexual intercourse although twenty-five years of age, should have been told by another physician that the emissions were but an outburst of nature, and that sexual intercourse was indicated."

"It is said that the first duty of a physician is to his patient, and this is true so long as he performs it with a decent regard to his obligations to humanity, but it appears to me that it would be just as proper for him to advise an impecunious patient to replenish his purse by picking some one's pocket, as to advise his sexually impotent patient to contract a marriage that he can never consummate. (It is far worse, for that which is stolen from the pocket can be replenished, while the indissoluble bond of marriage prevents the innocent woman from re-establishing the heaven-born right that is thus fraudulently taken from her.)

"Fortunately, however, the question of morality can rarely if ever arise. It is injurious to an impotent patient to contract a marriage, for such a

procedure prevents the rest to the debilitated organs which their condition so imperatively requires. Nothing in fact can do more harm."

Should an Old Man Marry?—Taking this question as a whole, it is quite as complex, although entirely different in circumstance and aspect, from the same question when applied to the young man. Passing over the social, the pecuniary, and the family considerations which are involved in every such case, and which are of great importance, we confine ourselves to merely the physiological view of it.

Unfortunately, the elderly man generally seeks a bride much younger than himself. In such a case the first thing encountered is, that nature is inexorable in the execution of her laws and no respecter of persons. The advantage of pecuniary wealth or social position that an old man can bestow upon a young bride, while it is often the motive that induces the woman to ignore the laws of nature, never in a single instance can change them, or be a harmonious substitute.

True, some men are as young at seventy in every respect, as others are at fifty, and this must be taken into consideration. But even however much the junior party to such an alliance may respect, or in a platonic way love, it is impossible for the sexual ardor to be aroused to the same degree in such in-

stances as it would be with a younger companion. It is a violation of the natural sexual law or instinct that cannot be overcome. When, therefore, such alliances are made, there is great danger that the individual temperaments, and the individual sexual instinct will soon assert themselves, and be the cause of great unhappiness, jealousies, often scandals, which are only terminated by death or the divorce court.

The injury to the health of an elderly man under such circumstances is usual, and apt to be serious. Pride and ambition to be equal to any demands made upon his sexual powers, incites him to overdo them; and, what probably more often happens, his sexual passions are stimulated out of proportion to his powers or strength to gratify them, and the strength, which under other circumstances might have been conserved to extend over a series of years, is suddenly exhausted, and not only his sexual power, but also his life may be cut short.

All this may be different, however, if when all the other conditions are favorable he selects for a companion in marriage a woman whose age is compatible with his own. This kind of an alliance is the only one that can be advised under any circumstances, and this advice concerning marriage holds true, in fact, at any period of age; there should not be too great a discrepancy between the ages of the

contracting parties. A difference of five years is quite permissible, especially if the man is the senior, but the instances are very rare where a difference of more than ten years is permissible, much less to be commended.

On this question Dr. Acton gives his professional experience as follows: "As far as my experience goes, no doubt can exist that old men may and do retain the power of connection *under the influence of certain stimuli*. Even intercourse may be, in some healthy old men, frequently repeated. Such men may have children, but experience teaches us that these infants are difficult to rear, and are not the best specimens of the English race. Facts daily observed confirm our deductions that the children of old men have an inferior chance of life."

"Look at the progeny of men who marry late in life—what is its value? As far as I have observed it is of the worst kind—spoilt childhood, feeble and precocious youth, extravagant manhood, early and premature death." (It is probable that these results are due quite as much to subsequent influences, indulgences and training, as to pre-natal or hereditary influences; the progeny of old couples are apt to be indulged without restraint from being considered "the baby" too long.)

"From the above remarks we gather that the functions of the generative organs should be hus-

banded, not abused, in advanced life. Extreme moderation should be inculcated, and the greater the age the greater the moderation. Entire continence—the rule of youth—is hardly less the rule of age. The transgression of this rule in age is, indeed, *more fatal than in youth*. There is no superabundant stock of vitality to repair the destructive waste of error or extravagance.”

“The greater part of mankind, however, show excessive feebleness in withstanding the abuse of the generative functions; and what surprises us most is that those advanced in life are not always the least exposed to this reproach. It is certain that in old age, at a time when the passions should have given away to reason, there are still many individuals who allow themselves to stray imprudently on the very precipitous edge of these dangerous enjoyments.”

They applaud themselves for postponing moderation until it is rather forced than voluntary; they are obliged to stop from sheer want of vigor. Nature, impartial and pitiless, as she is, causes them to pay dearly for the transgression of her laws. It is well established that, of all the powers of the economy, no one is lavished upon us by Nature with greater profusion or, at the same time, within more clearly defined limits, than this one of generation.”

“Exceptional cases do not prove the rule. I am well aware that many cases may be cited in which men have married late in life, and had families. Undoubted instances of virility at the age of nearly one hundred years are on record; but in these cases the general bodily vigor has been preserved in a very remarkable degree. The ordinary rule seems to be, that sexual power is not retained by the male to any considerable extent after the age of sixty or sixty-five. (The age of a man when his sexual ability ceases, is given by several authorities, elsewhere in this book.) I am every day becoming more and more convinced that many of the affections of the brain, under which elderly persons suffer, and to which a certain portion annually succumbs, are caused by excesses committed at a time when the enfeebled powers are unequal to supporting them.”

“In speaking thus, however, I must not be supposed to set my face against even elderly men marrying if they desire, but let them select a *suitable* companion. What I object to is December allying itself with May. My opinion is that an elderly man whose health has always been conserved by a life of temperance in all things, and who has the power of self-control in sexual matters, if he desires to marry, it is the best thing he can do with a view of prolonging life. Certainly

the results of such a course that I have witnessed justify such advice. Marriage even late in life has conduced, in numerous instances that have come under my observation, to the happiness and longevity of many elderly people. It is only against injudicious and ill-assorted marriages and consequent injurious excesses that I set my face."—

Acton.

Parise—speaking against ill-assorted marriages of elderly persons says—"There are great risks run; for in the extreme disparity of age, and oftentimes of condition—as when the man is rich and the girl is young—Nature avenges herself by spreading scandals—doubts about paternity, and domestic troubles; everything is at variance, age, disposition, character, tastes, and amusements. With regard to health and vital force, it is easy to be seen what will become of these unequal marriages, where a young and fresh girl is 'flesh of the flesh' united to a man who is used up from age and perhaps from excesses. Evidently she commits a suicidal act more or less certain and rapid. Let the elderly man then pause and reflect, that a human sacrifice, either male or female, is generally bound to the horns of the altar that sanctifies such marriages. In the present state of society, with our manners, passions, miseries, *man does not always die—he sometimes destroys himself.*"

“What shall I do with him, and what will he do with me?”—said a clever young girl of eighteen, whose parents wished her to marry an old man.

Impotence the Ground for Divorce.—

Before dismissing the consideration of a man's sexual fitness for marriage, it may be well to remind those who contemplate marriage but have doubts of their sexual ability to consummate it, that in case of their permanent disability they are not only violating a natural law, but also a statute law. And that when a man knowingly in advance, takes his chances against violating both, he also takes chances of receiving the penalty of both; he may not always escape with his private domestic suffering, but is liable to public degradation through the protection of the woman's rights by the divorce court.

In such cases there is generally a medical commission appointed to testify as to the man's sexual condition. The principle on which the court acts in granting a decree of nullity of marriage on the ground of impotence appears to be that, in order to constitute the marriage bond, there must be possibility, present or to come, of sexual intercourse; for without this possibility the two principal ends of matrimony cannot be obtained. Incapacity to consummate a marriage, however, is no ground for a decree of nullity, unless the incapacity be *perma-*

nent; not only present impotence must be made out, but also improbability of recovery.

Impotence, it must be observed, does not of itself render a marriage void—only a right of the injured party to bring an action for its voidance. From this point of view the courts hold that a party cannot be injured by a condition that they are aware of before the bond is made or which they may reasonably presume, such as the marriage of the aged.

The law as applied to such cases is made up largely from the rulings of courts, and embraces a great number of technicalities not possible to here state. The law requires that such actions for relief be brought without either undue haste or undue delay, and that the sincerity of the cause of complaint must be proven. It may also be noted that actions for divorce on the grounds of adultery are much more common, although impotence of the plaintiff is often the predisposing cause of the adultery.

NINETEENTH DIVISION.

CONCEPTION AND STERILITY—CAUSES OF STERILITY IN MEN AND WOMEN—ARTIFICIAL IMPREGNATION.

THE perpetuation of the race, is declared to be the most important function, and the most exalted purpose of human life, by metaphysical philosophers. The physical power of accomplishing this great purpose is sometimes spoken of as—*Fecundity*—sometimes as—*Virility*—and at other times as—*Fertility*. The antithesis of this condition, or inability to reproduce the species, in olden times was called—*Barrenness*—but in modern language is more frequently designated and spoken of as—*Sterility*.

The word—sterility—is, however, very often misapplied when used synonymously with the word—Impotence. Sexual impotence relates solely to the inability to perform the sexual act; while—Sterility—relates exclusively to the inability to procreate or beget a new life. Thus it is, that a person may be in every way competent to have and to enjoy sexual relations with the opposite sex, and yet be sterile. And it is apparent that if a man or

woman is impotent to a degree that totally prevents intercourse, it would constitute one form of sterility.

Another misapprehension is, that impotence is a condition that affects the male exclusively, while sterility is a condition that belongs exclusively to the female. This misapprehension in almost every instance works an injustice to the woman.

As in the earliest, the Bible history, so at the present time, although in a less and less degree, the failure of the union of the sexes to beget a new life, has always been charged with reproach upon the woman. We say, this is a wrong, an injustice placed upon the woman, and which she has been compelled to bear in silence and tearful humility all through the ages. It is not only an injustice wrongfully put upon her, but it is also a source of grief and sorrow that she herself often assumes, through ignorance of sexual and physiological laws. And, if she be of a religious turn of mind, often ascribes her unfruitfulness to a direct manifestation of Divine displeasure and chastisement for her individual sins.

This is an injustice placed upon woman, along the same lines and of the same nature, that dooms her to infamy and disgrace for lapses from virtue, which are never forgiven, while her male partner and probable seducer in the transaction, goes unscathed, unharmed and free. It is a wrong that

physicians might do much to correct. Elsewhere in this book, we are glad to record and publish the protest of one of America's most eminent physicians, against the crime imposed upon innocent women, by his profession, when they either recommend or sanction the marriage of men whom they know to be broken-down impotents or rouses.

Any man who proceeds to marry a woman, knowing himself to be in such a degenerate sexual condition, is certainly a moral, and probably a physical—Coward. And the husband in a childless home is no less a coward, who does not take upon himself all the blame at least, that he may have reason to suspect he is responsible for, and try to lift the burden as much as possible off from his sorrowing wife, by sharing it with her.

The defect, whatever it may be, that prevents parentage, is as likely to be located in the man as in the woman. This is contrary to the popular idea, but it is nevertheless a fact. Again, the cause or causes that prevent conception may be a joint one, for which neither the man nor the woman are individually and alone responsible. In innumerable instances it has happened that men and women who were jointly sterile, have *both* proven to be fecund when mated with some one else of the opposite sex. We will repeat this so that it may be plainly understood, that the causes

of barrenness in any given instance, are so indefinite, so obscure, and so uncertain, that neither the husband nor the wife can know for a certainty which is responsible for it, nor can they know for certainty, but that either or both of them might have offspring if they were mated with some one else. For it is true that the semen and the ovulum of some couples will not unite, and impregnate, but either of them may be perfectly compatible and fecund with some other.

In the light of this truth, and by reason of this uncertainty alone, if for no other reason, it is manifestly an injustice to place upon the woman alone, either the responsibility or the reproach of sterility. As we have already stated, in the great majority of cases the causes of fruitless unions are so many, and at the same time so impossible to definitely ascertain what they may be, there is no just reason for any stigma or reproach being placed upon *either* party. People who suffer from sterility are no more responsible for their position or condition, than the silly individual who taunts them concerning it is, for the cancer, or the consumption, or what-not, that he or she, as the case may be, is suffering from.

No person, man or woman, should marry, who themselves know in advance that they are sexually either impotent or sterile. Whoever knowingly

does such a thing, is sure to bring upon themselves much bitter remorse and grief, which they deserve. It is right that they pay a double penalty for their folly, for do they not drag an innocent, helpless party into trouble? If some portion of this penalty comes in the form of reproach, it is but just retribution, providing it falls on the guilty party alone, which too often is not the case.

Of such instances, there are probably many more guilty men than women. We do not mean to say that there are more sexually incompetent men that marry than incompetent women, but think that we state the facts impartially when we say that men are in a better position to *know* just what their sexual condition is than are women. In the first place, the per cent. of women who are sexually impotent—that is, who have any organic or functional disability that will prevent intercourse, is very small. And of this small number, no modest woman has the opportunity or means of discovering her abnormal condition until after marriage. She may not even suspect it. What we claim is that, while there may be even more women incompetent to reproduce the species than there are men, they (the women) are, as a rule, not in as good a position before marriage to *know* just what their sexual condition is, as are men.

Nearly all of the conditions that cause sterility

in the woman are internal and invisible. How, then, is she to know until she finds it out from experience after marriage just what her condition is? Surgeons who have much experience in diseases of women have discovered that one of the most common causes of sterility in women is a flexion of the *Cervix* (bending of the neck of the womb). This condition being perfectly compatible with the best of health, how is a woman to know or even suspect it at any period of her life, either before or after marriage, as it is something that cannot be discovered except through an examination by a thoroughly experienced physician? We only mention this as an illustration of one invisible cause, of which there are many, and of which it is impossible for the woman to be aware in advance.

This obscurity as to what their condition is makes it all the easier in such matters to place all of the blame or responsibility upon the woman, and it is to be regretted that the world in general is just selfish enough, and just mean enough to take advantage of the opportunity. The strangest feature of it all is that, in the exhibition of this selfishness, woman herself is usually the most prominent.

We have stated elsewhere in this book that, taking women as a whole, their interest in sexual matters is more that of a means to satisfy their maternal instinct than it is to gratify their own in-

dividual pleasure. When, therefore, a woman is joined in the bonds of marriage, and after it has been properly consummated, time goes on and she sees no prospect of her maternal instinct being realized, she naturally begins to worry from fears about her sexual condition. It is probable that a woman's fears and anxiety, at such a period of her life, are almost identical with those of men who suffer from fear of impotence,—which we have shown is often groundless.

Again, it will be noted that the longings of the maternal instinct are never quieted or diminished by a realization of all the dangers and troubles that a childless person escapes. We have written it realization, and will let it go at that, although it is certain that no woman can by any effort of the imagination really and truly realize all that she does escape, not having the experience. We read in the prayer-book, "from the perils of child-birth, good Lord deliver us," but this is often the least of the pains and troubles that a childless woman escapes.

It is a sad commentary on the selfishness of our lives that whatever our position or condition may be, we are seldom ever satisfied with it. The silent longings, griefs and troubles of the childless wife are often equaled and sometimes surpassed by those of other wives, whose greatest torment seems to be realized in maternity, and whose greatest am-

bition is to discover some means of preventing it.

That much of the worry that is produced by sterility is caused by the odium or reproach that is attached to it, is evident from the fact that unmarried men and women do not suffer as much from the thwarting of this natural instinct, as do those who are married, although the latter have all the joys and pleasures of married life, that the former are deprived of.

The following from the pen of Dr. Theophilus Parvin,—is a very correct statement and a very sensible view of the condition called sterility. He says:

“The chief purpose of marriage, both as a civil and a religious institution, is the continuance of the race. When, too, this design fails of accomplishment, husband and wife do not attain that perfect development of character belonging to complete manhood and womanhood. Not merely from the affection that children evoke from parents, but even in the industry, the cares and sacrifices required in their behalf from parents, will be found powerful elements of moral culture and stimulus to the pursuit of virtue, and also strong home-ties, and one of the best securities of social order. A childless home is often a sad home, and the husband and wife who have no offspring to care for them in sickness, to close their eyes in death, to

inherit their name and labor, and cherish their memory, are generally worthy of all pity."

"In the old Greek mythology, only Minerva was represented without breasts, and from the earliest history of the race we learn that barrenness was one of woman's severest reproaches. The subject of sterility, therefore, is one of great importance. By this term is meant incapability for reproduction. When the first act in the series resulting in the production of a new being—this act being sexual intercourse—cannot be performed, the party laboring under such disability is said to be impotent. This impotence may belong to either male or female, and, of course in either case, sterility is the necessary result."

"Furthermore, the sexual act may be accomplished with great facility, and still impregnation not occur. Here again the defect may belong to either the man or the woman. Popular belief is frequently in error in attributing a childless marriage to some disability on the part of the wife. It would be well in all cases where some obvious cause of this sterility cannot be readily ascertained as existing in the female, for the husband to undergo a careful examination by a physician."

"One other matter deserves allusion to, in connection with the subject of sterility."

"It sometimes happens that a newly-married

couple, either because they think themselves too poor to have a family, or because they are not willing to have the pleasure and gayeties of social life interfered with, deliberately resolve that they will have no children, at least not until it is convenient for them, and they make use of means to prevent the legitimate result of sexual intercourse. Or worse still, conception having occurred, still other means are resorted to for the procuring of abortion."

"This course is full of dangers, not less to the physical than to the moral nature, and those who even think of pursuing it, ought to be earnestly warned against it. So, too, it sometimes happens that by and by they weary of their childless home, and are anxious for offspring. Not always then can this desire be gratified. In consequence of the injury done in past times, impregnation fails, or pregnancy is not completed; there is then no place for repentance, though sought diligently with tears."

"Causes of Sterility—The organic obstructions to intercourse in the female may be mentioned as follows: Certain tumors or unnatural enlargements of one or more of the external organs of generation, adhesion from side to side of these organs, an imperforate hymen, preternatural smallness, or entire absence of the vagina."

“None of these things however may prevent sexual congress, and yet sterility may exist. Recurring to the subject of conception, it will be remembered that the ovule and spermatozoon, germ-cell, and sperm-cell, must meet together, and unite to form a new being. But if the ovaries be absent, or if there be certain diseases of them, there will be no ovule.”

“So, too, if the uterus be absent, or its mouth closed, of course the union of the sperm-cells cannot be effected. Again, there may be obstruction or malformation of the Fallopian tube or oviduct, likewise preventing this union. These, however, are among the rarest causes of sterility. Much oftener it results from displacement of the womb, or contraction or distortion of its canal. Then again, a copious leucorrhœa, or a uterine catarrh, may wash the spermatozoa away, or is so poisonous to them that they cease all movements, and perish in a few minutes after coming in contact with it.”

“The lining membrane of the womb may be so diseased that it cannot furnish a suitable nest for the impregnated ovum. From ulceration, or inflammation of the womb this organ may be in such an irritable condition, that while impregnation may occur, an early and unrecognized abortion renders the woman sterile.”

“It may also be said in general, that both women

who are very fat, and also those who menstruate quite profusely, are not apt to conceive; or, having conceived, are especially liable to miscarry."

DR. DESINETY—an eminent specialist and author in the diseases of women, and a well-known continental practitioner, in a somewhat elaborate treatise on "Sterility in the Woman," says:

"According to the most recent researches, the spermatozoid is accompanied at its entrance into the ovum by a little protoplasmic mass which unites with a similar element belonging to the female nucleus. The essential act of fecundation consists, then, not only in the union of a male and and female nucleus, but also in the union of two protoplasmic masses accompanying these nuclei."

"THE PART OF THE FEMALE—in the function of reproduction is much more complex than that of the male. Like the latter she furnishes a special element—the ovule—which possesses all of her physiological properties. But, besides, it is in the interior of her organs that the meeting takes place of the two factors destined to form a new being; and it is on a part of the same organs that the embryo is grafted and draws its nutritive supplies."

"It hence results, that in the marriage relation, the wife must naturally, oftener than the husband, be the natural cause of the absence of offspring. At the same time this notion, quite theoretical, has

been *much exaggerated*. We are to-day very far from the view of the old writers, who taught that nine times out of ten, the absence of offspring is imputable to the woman. The husband is much more frequently than was taught a few years ago, the one at fault."

"In some recent statistics, published by—Lier and Ascher—we find that out of 424 sterile marriages,—one hundred and sixty-nine of them (forty per cent.) were ascertained to be the fault of the husband."

CAUSES OF THE MALE'S STERILITY:—"Some of the causes of failure that are chargeable to the husband may be noted as follows. An abnormality of the penis, a hypospadias, that deflects the spermatic jet, and thereby prevents fecundation, and at the same time the man's virile powers may be strong and intact."

"Again,—as a sequel of certain inflammations of the epididymis, the male sperm may lose its reproductive qualities, notwithstanding that the sexual act may be perfectly normal and complete. In fact, so far as appearances go, the part acted by the man may be so natural, full and complete, he may in good faith and sincerity think and affirm that he is not responsible for the infecundity that has followed his marriage, although in reality the

fault is wholly and entirely his. *Cases of this kind are more frequent than is generally supposed.*"

"Even castration (removal of the testicles), when performed on the adult subject, cannot be relied upon to peremptorily suppress all the *appearances* of sexual vigor. Thereafter, the sexual desire, and the power of erection may continue for many years, while at the same time the sterility of the man is absolute and irremediable. In all such cases the man is *not impotent*, but *is sterile*."

"We find similar examples in the female. The removal of both ovaries renders the subject absolutely sterile, while the aptitude for sexual intercourse is not impaired. Venereal desires and voluptuous sensations remain as before the operation. The menopause, 'change of life' in the woman offers a very similar situation; though no longer able to conceive, she may be no less apt for coitus, is sometimes in fact, even more ardent in her desires thereafter than in youth."

"In the woman as in the man there may be impotence without sterility, as is proved by the fact of pregnancy without intromission, with a hymen presenting only a pin-head opening. In old medico-legal literature dating from an epoch when suits for divorce for alleged frigidity were common, we find numerous examples of this kind."

"ORGANIC MALFORMATIONS—which are obstacles

to the penetration of the male organ and proper depositing of the semen, necessitate a surgical operation. But the absence of general menstrual phenomena at the age of puberty, is a contra-indication for all surgical interference, at least for the purpose of correcting sterility. In such cases the woman may desire the aid of the surgeon to enable her to have sexual relations, even though these cannot be followed by fecundation and conception."

"Sometimes the absence of procreation results from the reflux expulsion of the semen from the vagina *immediately* after coitus, due to a short and shallow vagina. In other instances the exact opposite condition may exist—the vagina being too long and deep. In a case of the first kind, the withdrawal of the male organ after ejaculation should be *delayed* for a while. In a case of the second kind, the proper precaution would be to introduce before connection, a large tampon of antiseptic cotton to fill the posterior vaginal cul-de-sac, care being taken that it did not cover the os uteri (opening at the lower end of the womb).

"Certain women in the absence of all malformation, present a special pathological condition which is so painful as to prevent sexual relations called *vaginismus* (see full description of *vaginismus* elsewhere in this book).

"According to *Sims*, 85 per cent. of the cases of

natural sterility are caused by a *conical neck* of the uterus with *narrowness of the orifice*. This is sometimes accompanied with an arrest of development of the uterus, or even of the whole utero-ovarian apparatus. It was formerly an admitted tenet, that the seminal ejaculation must take place directly into the mouth of the uterus. The condition for this, however, does not exist when the uterus is normally situated, as the cervical orifice points backward, and the jet of semen is directed principally against the anterior and external wall of the os tinæ. The effect of this position is that it may act as a trap that catches the semen in the vaginal canal and prevent its entering the womb, thereby causing sterility. It is not possible, moreover, as has been alleged, that the glans penis can operate as a wedge into the os during coitus, so that the semen may be deposited directly therein.

“The stenoses (narrowing) of the neck of the uterus, which is by far more frequent than the obliterations, has played an important part the last few years relative to the theory and treatment of sterility.”

“Some writers have considered this importance as exaggerated, claiming that where a menstrual blood globule can pass, a spermatozoid can likewise pass. This comparison is hardly fair, for the spermatozoid penetrates chiefly by its own persistent

movement, with but little force—while the menstrual blood is expelled by forceful uterine contractions. It is, moreover, certain that the disappearance of the stenoses, is frequently followed by conception."

"The best treatment of stenoses of the uterine neck, consists in dilatation. This is generally effected by tents of laminaria rendered aseptic by iodoform. In cases of sterility where we wish to obtain a diameter of only a few centimetres, complete dilatation is needless. The patient should be kept in bed during the whole time dilatation is going on.

"The different forms of uterine inflammation may produce sterility by preventing fecundation. An old, dormant but uncured gonorrhea of the husband, excessive coitus, especially when it is connected with unusual fatigue, such as may arise from a wedding journey, may superinduce such inflammations; when this is removed conception often soon follows."

TUMORS—within the uterus have a variable action on conception. I have seen women who had been sterile for several years, become pregnant after the removal of a tumor, especially in cases of mucous polypi projecting between the lips of the os tincæ. The influence of uterine cancer on fecundation is variable; conception often takes

place in this condition, but in general the pregnancy is interrupted.

“SALPINGITIS—(inflammation of the tubes) has acquired great attention and importance during the last few years; this causes sterility by interposing a mechanical obstruction to the passage of the ovum, besides being destructive to the life of the spermatozoon. Women affected with this disease almost always complain of a pain seated in the lateral and inferior region of the abdomen, in the neighborhood of the groin; these pains are in form of lancinating twinges, and are enhanced by vaginal or rectal touch and by abdominal palpation.

“Utero-tubal blennorrhagias often pass unperceived. They are generally the consequence of sexual relations with a man who presents only the characteristics of a gleet, in whom the phenomena of acute urethritis has long since disappeared. How many married couples have I seen where the woman has become sterile under these conditions, without dreaming that the husband was the cause of her sterility!

“THE CONDITION OF THE OVARIES—is an important factor in the consideration of sterility, for the reason that they are the source of the ovule, the life-germ of the female. The absence of both ovaries is a condition so rare, that I have yet to

find a well authenticated instance. The ovaries do not appear to have any influence on the sexual appetite. . Deviations from the normal size of the ovaries cannot be determined during life.

“OVARITIS—(inflammation of the ovaries) has been mentioned by almost all writers as a cause of sterility. At the same time, those who have most insisted on its importance have recognized that an inflammation *limited to the ovary* is rare. I believe that pathologists have *overestimated* the importance of ovaritis in the pathology of woman, and also in its relation to sterility.

“The pains which are produced in certain women by pressing over the ovarian region, have no certainty of originating exclusively in the ovary; they are frequently the result of other inflammatory conditions of the associated organic plexus. Writers have much exaggerated the sensibility of the ovary in the normal state. I would accept with extreme reservation statements which have been made concerning double ovaritis and consequently sterility following mumps. I would say the same of syphilitic ovaritis.

“PELVIPERITONITIS—(inflammation of the pelvis) is a frequent though not absolute cause of sterility. If pregnancy takes place under this condition, its course is often difficult and painful till about the fourth month, and abortion is quite likely to take

place in the earlier periods. The first morbid causes frequently go back to the time of the nuptial event; to that period in the life of the woman when fashion, often so little in harmony with good hygiene, imposes causes of danger to organs which ought not to be subjected to undue excitement and disturbance in the new and special conditions under which the young bride finds herself. Among these absurd customs, the wedding journey, so common to the wealthier classes, is one of those against which I have most often had occasion to protest.

“THE TROUBLES OF MENSTRUATION—are frequently the starting point of sterility. The fear of being pregnant has more than once in unmarried women caused suspension of the menses; facts of this kind I have myself witnessed. I have had occasion to see a great many nursing women, with healthy infants at their breast, who regularly menstruated all through lactation; and many times I have seen nursing women become pregnant without having once menstruated since their last confinement.

“AMENORRHEA (Suppressed Menses)—this condition should be considered as a probability of sterility, but not a certainty. The following case is conclusive in this regard. It concerns a woman aged 37 years, married at 19, without ever having menstruated. She had nine normal pregnancies, of

which the first immediately followed her marriage. Her health was always good, she always nursed her children, and yet she *never* menstruated. Lœwy—cites the case of a woman aged 31, who had six children without ever having menstruated ; the menses appeared at that age for the first time.

“ Excessive loss of blood at the menstrual period is not only a possible cause of sterility but renders women liable to successive abortions which often pass unnoticed.

“ DYSMENORRHEA—(painful menstruation) is often accompanied by sterility. Out of two hundred and fifty married women who were sterile, observed by Sims, one hundred and twenty, nearly one-half, complained of painful menstruation.

“ TUBERCULOSIS—(infectious disease) considered from the point of view of procreation, acts generally by creating local lesions—of the testicle, epididymis, ovary, and especially of the tubes. In many male subjects affected by this condition, you will no longer find the fecundating element in the semen, long before the disease has invaded the genitals. In seventy-six cadavers of tuberculous patients, Lewin found spermatozoids in only ten. Still a great many tuberculous persons reproduce abundantly—are too prolific in fact for the good of the race, and particularly of those whom they procreate.

“SYPHILIS—is a quite frequent cause of sterility in man. Cases are on record where, despite the disappearance of syphilitic sarcocele and apparent return to health, the sterility still persisted. In the female, syphilis acts chiefly as a cause of abortion, frequently of so early an abortion that it passes as a rather profuse menstruation.

“CERTAIN EPILEPTICS, INSANE PERSONS, ETC. of both sexes,—become sterile, though still strong, long before the advanced periods of the disease. In such cases the sterility is favorable to society by diminishing the number of degenerated subjects, and of the feeble-minded, neuropathic, or criminal classes, so often the offspring of neurotic persons.

“It remains to consider a few general causes that affect both sexes equally in relation to reproduction. We cite first of all—

“NUTRITION.—A multitude of facts show the intimate relation which exist between the functions of nutrition and generation. How often gastric (stomach) troubles are accompanied by a diminution of genetic power! It has long been a subject of observation, that years of famine are followed by a notable diminution in the number of births.

“But if too marked privations are injurious to procreation, a similar result is also brought about by an excess in the opposite direction, *i. e.* by an

exaggeration of nutrition. I have already called attention to obesity as a factor in sterility.

“Moderate exercise of the genital organs acts favorably on the functions of nutrition, excites the appetite, and enhances the spirits; while the privation of sexual pleasures causes languor, produces obesity, and renders the subject morose and crabbed. The *abuse* of sexual pleasures has equally an injurious effect. Hence the double influence, reciprocally favorable, of a good nutritive, and a proper genital hygiene.

“Without denying that sexual enjoyments, when indulged in to *excess and too often repeated*, may in the long run be a cause of sterility, I believe that this cause is rarely observed alone, and that many authorities have assigned to it a far more important part than it merits.

“The influences, conscious or unconscious, of the nervous system on conception, are still very obscure. Whether or not nervous excitations promote fecundation, there are a great many instances on record which show that women indifferent to sexual pleasures and without erotic sentiment may become pregnant, and even as a result of coitus with men toward whom they have antipathy. Others have become pregnant as a consequence of rape, or during anæsthesia by ether or chloroform. Lastly, the success obtained by *artificial fecundation*

demonstrates that the organic act which constitutes conception does not demand necessarily the voluntary participation of the woman.

“THE INFLUENCE OF SEASONS—on the aptitude for procreation is quite generally admitted. Spring-time which produces the phenomena of rut in most mammalia, exercises equally an influence on man. It is in the months of April, May, and June that conceptions are most numerous. It is also at this period that most rapes and other crimes against chastity have been committed. According to observations the month most favorable to conception appears to be May,

“Some writers have maintained that women who are fat and of phlegmatic nature, conceive much more readily in spring or summer, while ardent, lean, and nervous women are much more apt for fecundation in winter. This opinion, reproduced in most monographs on sterility, does not seem to me to be sufficiently substantiated by well attested facts to deserve credence.

“Marriage Between Relatives:—The influence on procreation of marriage between near relatives, and the number and quality of the offspring resulting therefrom, has been a subject of much discussion. It is incontestable that the child is in a certain sense the sum of the qualities and faults peculiar to each of its progenitors. That

when the progenitors are of near kin, their reciprocal parentage is by itself a special cause of organic degradation. In the earliest periods of history unions between relatives, father and daughter, mother and son, brother and sister, were sufficiently common, and the history of humanity furnishes multitudes of instances of procreation between near relatives."

"We can only judge of the results of such unions by the quality of the progeny. There are certain fishing-stations on the coast of France where there has been continuous intermarrying between families for many years, and yet the fifth and sixth generations of this intermarriage produces men and women who are alike robust and of good stature, firm health, and the children are also numerous and healthy. Many other instances of a similar nature might be cited."

"The conclusion then is, that when the parent stock is vigorous and well-developed physically and mentally, these qualities accumulate in their descendants, and the influence of consanguinity is in such instances favorable to the species. On the contrary, if the progenitors are sickly or pathologically deficient in any respect whatever, such vices or deficiencies will be hereditary in a cumulative degree, and the result of consanguinity is then detrimental. Nervous diseases, especially those of

the central nervous system, are the most transmissible hereditarily."

"What may be affirmed with certainty, as a law of general physiology, is that *everything* that enfeebles the organism enfeebles its different functions (diminishes the vital energy), and may in the long run diminish fecundity, or even produce absolute sterility."

"ARTIFICIAL IMPREGNATION:—To finish what pertains to sterility, we can but briefly mention *artificial impregnation*. This consists of introducing directly, by means of a small syringe, the male spermatic fluid into the female uterine cavity, in order to better promote the union of the spermatozoon and the ovule. Most gynæcologists are to-day agreed in considering such artificial fecundation as a feasible operation under certain circumstances. This question has been discussed at length by the Society of Legal Medicine, and the conclusion reached was, that artificial fecundation is in no sense immoral, and that the physician is justified in resorting to it in certain cases where fecundation under natural conditions has been found to be impossible. It is, in fact, the *ultima ratio* for the treatment of sterility in women.

"Artificial impregnation is most often undertaken immediately after a menstrual period. Sims, has succeeded as late as the sixth day thereafter.

But if a few authentic successes have been obtained with artificial impregnation, it is certain that the failures have been much more numerous.

“At a certain period in the life of nations, when what the world needed most was population, fecundity was the principal quality appreciated in a woman; the inaptitude to procreate was considered as a disgrace. “Give me children or I die,”—was the exclamation of the despairing Rachel, while Leah, blessed with fecundity though less beloved, said that God in rendering her fruitful had bestowed upon her the most enviable of gifts.

“But to-day, in the present state of society, sterility, instead of being an opprobrium, is regarded as a boon by our fashionable women, who purchase it often at the expense of health and even of life.”

TWENTIETH DIVISION.

DISEASES OF THE BRAIN AND NERVOUS SYSTEM CAUSED BY SEXUAL VICE AND EXCESSES.

TO mention all the diseases of the brain, mind and nervous system that are due directly and indirectly to the abuse of the sexual instinct, and to describe in detail all of their symptoms, analogies, physiological characteristics, their connection with the sexual organism, and treatment, would require a volume much larger than this devoted exclusively to them.

We must be content with the mere mention of some of those that most commonly occur wholly or in part from the above mentioned causes. It should not be understood, however, that the same patient will experience all of them; neither should it be understood that these diseases may not occur from other causes; anything that excites, irritates, or exhausts the nerves, the vital energy, will produce this series of diseases, and many others that affect the nervous system. Most of those here mentioned are types of insanity: the name, indicating the form or degree of the psychic aberration.

HYPOCHONDRIA--Extreme depression of spirits,
with morbid anxiety about health.

MELANCHOLIA--Profound depression, with gloomy
forebodings and love of solitude.

ECPHRONIA--Milder forms of melancholia, apathy,
despondency, bordering on insanity.

IMBECILITY--Weakness of the mind.

DEMENTIA — Profound mental incapacity.

PATHOMANIA--Moral insanity.

SATYRIASIS--Excessive sexual passion--proceeding
to Sexual Insanity.

NEURASTHENIA--Exhaustion of Nerve Energy.

HYPONEURIA--Diminished Nerve power--milder
form of Neurasthenia.

ABOULOMANIA--Partial loss of Will-Power, with
inability to concentrate the mind.

AMNESIA — Loss of Memory.

PARAPHONIA--Abnormal alteration of the Voice.

ANTHROPOPHOBIA--Timidity; Fear of Society.

PARONIRIA--Morbid Dreaming--Lascivious dreams

MUSCÆ VOLITANTES--Floating Spots--in the visual
field (before the eyes).

ERETHISM — Abnormal Nervous Irritability.

POLIOSIS — Premature Grayness of the hair.

HYPERASTHESIA--Excessive Nervous Sensibility.

LOCOMOTOR ATAXIA—(Saint Vitus Dance) Disease of the Spinal Cord.

EPILEPSY — (Falling Fits), Unconscious Convulsions.

AURIUM-TINNITUS—"Ringing in the Ears."

ATAXAPHASIA—Inability to arrange words into sentences.

CARDIOPHALMUS—Palpitation of the Heart.

PHALLALGIA—Pain in the Penis.

SPERMATOPHOBIA—Morbid Fear of Spermatorrhœa.

PARESIS — A disease of the brain much dreaded on account of its incurableness.

There are other affections of the nervous system located in the brain and spinal cord, which are either derived from or influenced by the low, depreciated state of vital energy, caused by sexual vice or excess. Among these, the most common are some forms of Neuralgias, and Headaches. The success of the treatment of such diseases, depends first, and almost entirely, on the stopping or removal of the pre-disposing, exciting cause. Unless the habit is stopped, and a period of absolute rest maintained, there can be but little hope of effecting a cure.

Insanity from Masturbation.—More than anything else, the author of this book desires to not pose as an alarmist. But the fact is so well

established that Masturbation, is one of the principal, if not *the* principal cause of insanity, it cannot be ignored or omitted. It is also true that many instances of suicide, the cause or motive for which remains a profound mystery to the world, and often to the relatives, is either known or correctly surmised by the experienced physician to be the result of a combination of remorse and hopeless despondency, and at the same time a weakness of the will-power to battle with their condition, not daring to let their secret be known.

Such knowledge, advice, and treatment as they do obtain, or rather attempt to obtain, proves worse than none, because they fall into the hands of supposed friends and sympathizers, but who in reality are alarmists and impostors, "seeking whom they may devour." If the untold history of such cases could be made known, and the carefully guarded secret penetrated, the cause of "shuffling off this mortal coil" would no longer be a mystery.

As remarked elsewhere in this book, the—State, has an interest in this subject, for while it constantly increases its asylums for taking care of its insane, it has no control over the causes that fill them; at least not over *this* cause. On this part of our subject we quote from—"An Inquiry Into a Frequent Cause of Insanity in Young Men"—by Dr. Ritchie. The most striking comment occurs

in the very opening of his remarks, when he states that the largest portion of such cases are derived from apparently *moral and religious* subjects. This, however, we understand, neither charges nor insinuates that religious teaching or inclination pre-disposes to this vice directly, but may indirectly from its tendency to neurasthenic excitement. But it brings out the deplorable fact that the strength of this vice is greater than that of the restraining power of its most formidable opponent. That when this vice pulls in one direction, and virtue, morals, and religion, pulls in the opposite direction, the hold and strength of the vice proves to be the greater; in this conflict the young man is alternately pushed and pulled in two opposite directions at the same time, and failing to obtain a foot-hold on good ground, he totters on the precipitous edge of his own destruction, until finally reason gives out, and insanity, asylums, or suicide is the legitimate sequence.

According to Dr. Ritchie, the statistics derived from experience show that,—“Those who from this cause (Masturbation) become insane have generally, to all appearance, been of strictly moral life, and recognized as persons who paid much attention to the forms of religion. The parent after the son (the only child it may be) is taken to

an asylum, will tell you that his insanity cannot be accounted for."

The distressed mother will continue,—“He has been so well conducted, so quiet and studious, not seeking the company of the gay, the idle, and the thoughtless, but remaining quietly at home rather than joining in the social amusements of those of his own age.” Further inquiry may elicit that he has been of good abilities and, it may be, clever in his occupation; that he had few friends, and rather shunned the society of those of the other sex. The deceived and deluded mother reasons with you,—that had he been other than he was, some cause might have been found in the irregularities of life to cause insanity in one scarcely beyond boyhood’s years; but in such a quiet lad, and so carefully brought up, she is unable to suppose a cause.

“Then she may tell you, that for some time past a gradual alteration has been going on; that he has changed not only in manner but in appearance; he has become so peevish and irritable, so reserved in his conversation, so apathetic in manner, so slovenly in dress, so contradictory and uncertain in his actions, so hesitating, first determining on one thing, and before he could execute the course determined on, changing to some other, and has shown such a want of self-reliance; that all of this train of symptoms increased and became more and

more pronounced as time went on; that he is now not only irritable in temper but at times violent; that he does things by "fits and starts," is impulsive, at times deliberating long, and then again, suddenly hastens to carry out some intention; and that he has become so stupid-looking and apparently dazed, and is incapable of taking care of either himself or his business; and all this has occurred, she says, without any apparent cause, except it may be his 'studious habits.' (Ah! what a convenient excuse, perhaps delusion, 'studious habits' and 'over-study' are in such cases). "At last," she says with a sigh—"he can be borne with no longer; he is unmanageable in a private house, and is obliged to be removed from his home."

"On entering an asylum for the insane, there is one class of inmates that may arrest the attention of the visitor, from the contrast to the excited persons around him, on the one hand, and to those who are convalescent on the other. In their exercise they choose the quietest and most unfrequented parts of the airing-grounds. They join in no social conversation, nor enter with others into any amusement. They walk or sit alone. They seek no conversation or social joys, nor is any desire for fellowship evinced."

Apathy, loss of memory, abeyance of concentrative power and manifestation of mind generally,

combined with loss of self-reliance, and indisposition for or impulsiveness of action, irritability of temper, incoherence of language, a slovenly, slouching gait, with down-cast, averted gaze, and when spoken to, the masturbator does not look the speaker openly in the face while he replies, but looks to the ground or beyond the questioner; these are the usual symptoms that characterize the victim of this vice."

"Remonstrate with these victims after they are received into an asylum, while reason is still not quite destroyed, and they will agree with your remarks. They will express their thankfulness that they have yet been spared some portion of reason; they will express their deep abhorrence of their conduct, and shed tears of apparent penitence. And yet at the first opportunity, when they think themselves removed from surveillance, they will once again indulge in their self-destroying practice." (The inability to persistently maintain their good resolutions to break off the habit, is the worst feature of this malady, and this inability, is the result of the pernicious energy-sapping cause.)

"How earnestly do those who know what the future will bring to the young man just entering into this alluring vice, repeat these feeling words of Ellis—'Would that I could take them with me in my daily rounds (at Hannevell Asylum), and

could point out to them the awful consequences which they do but little suspect to be the result of its indulgence. I could show them those gifted by nature with high talents, and fitted to be an ornament and benefit to society, sunk into such a state of physical and moral degradation as wrings the heart to witness, and still preserving, with the last remnant of mind gradually sinking into fatuity, the consciousness that their hopeless wretchedness is the just reward of their own misconduct."

Dr. Ritchie goes on to state that—"The delusions in many instances assume a religious character, and hence it is repeatedly found that the cause of the sufferer's condition is wrongly attributed to religious convictions. The delusions of this class generally are of the melancholic character; the patient fears that eternal happiness is lost—that such as he have no hope beyond the grave—that they have committed an unpardonable sin—or that they are unworthy to live."

"From the true cause of the mental condition of such cases not being understood, the meaning of these reproaches for past conduct is not rightly comprehended by the sufferer's friends. A young man of an apparently exceptionally moral and virtuous life vehemently accuses himself of sin; he is, however, not penitent enough to openly give it the Bible characterization of 'secret sin.' These self-

accusations are regarded by his friends as an evidence of acute religious feelings, whereas remorse or fear has generally more to do with his condition than true religious impressions or convictions. It is probable that some of those young men whose insanity has become developed through revival meetings, of which there have been many instances, would, on close inquiry, be found to belong to the class now occupying our attention."

"Another peculiarity of the insane from this cause is the tendency frequently exhibited to self-mutilation, and, as reports show, the attempts are not infrequently successful. The patient acts under the hallucination that the removal of the genitals, and similar extravagant notions, will in some way atone for the sin committed through them. Other forms of insane frenzy are exhibited in his attempts to commit rape, or unnatural crimes with animals, or prolonged frenzied masturbation to ascertain if he is, or perhaps to prove that he is not, impotent."

"*The Prognosis* (probability of cure) of the insane from this cause is favorable, providing it is possible to obtain the persistent co-operation of the patient in stopping the exciting cause, and providing the lesions of the nerve centers have not become organic. With our present knowledge of psychic and therapeutic treatment, especially with the assistance

of remedies that assist the patient to overcome the desire to masturbate, the majority of cases are curable."

TWENTY-FIRST DIVISION.

HYGIENIC AND THERAPEUTICAL TREATMENT AND REMEDIES.

THROUGH ignorance and inexperience, every man is liable to make, during his life-time, one or both of two serious mistakes relative to sexual matters.

THE FIRST MISTAKE—is the indulgence of sexual passion to *excess*, from *ignorance*, or *indifference* as to its consequences.

THE SECOND MISTAKE—which is nearly if not quite as disastrous as the first, is—in supposing that there are drugs or medicines which *alone and of themselves* will *quickly restore* that which he has lost, and from which he suffers, by his first mistake.

These two mistakes are the foundation, the alpha and omega, of all sexual suffering. Millions of hopes and millions of dollars have been squandered on this—second—mistake.

TO ILLUSTRATE:—A man has a valuable horse; he is a noble animal, a true and faithful servant; he is always ready with strength and energy to respond to every demand made upon him; and this gives his master much proud pleasure. But the master is foolish; he is not content with a fair and reasonable amount of pleasure, and day by day he taxes the strength of the obedient horse a little more and more, and gives him less and less rest; after a while it is noticed that the horse does not respond quite as quickly to the slightest invitation of the master; but the master is selfish, and cares not for the safety or condition of the horse; all he thinks of is, *to make him go*. The master may treat him well in every other respect, but gives him less and less REST each day; he does not give him time enough to restore through *rest*, the strength that the extra work demands.

The horse which at first was so ambitious and so willing, now lags; his spirit is crushed, his muscles are weak, his *energy gone*. But, as the strength of the horse weakens, the desires and demands of the master grow more furious; he applies the lash, and for a short time keeps up the pace. Then, it is less

rest and more lash; the pace is reckless; the strength is gone; the poor horse falls from sheer exhaustion; he can go no further, he is IMPOTENT. The 'first mistake' is complete.

The master grieves. He realizes that through his misuse and abuse a noble servant has been disabled, quite possibly—ruined. But above all, his inordinate passion has not decreased, although its gratification has been suddenly cut short. What shall he do? While looking over his newspaper his eye catches on the advertisement of a new kind of—*Whip*. This whip, is warranted to "restore the strength of youth" to any horse the first day's application.

Surely, the reader will say, this man—no man, would be fool enough, to put faith and money into such an absurdity as that. But the reader is mistaken: This humbug promise, this glittering lie, just suits the frenzied man's desires, and he does not stop to reason whether it is absurd or not; he is so anxious to make the horse go again, *and go quickly*, he is ready to believe anything, without regard to how unreasonable it may be. As fast as one of these quick-whip cures proves its worthlessness, he tries another, and another. And so continues his,—“second mistake.”

There is one more step, one more error to be made. About this time, a friend, a real friend,—

tells him, or perhaps he may read it in a book, that what a horse needs to restore his strength and usefulness when he is exhausted from abusive over-work, is not a whip, but rather, patience, kind treatment, nourishing food, and more than all REST. He is told that what a horse has lost little by little by abuse for months, perhaps for years, cannot be restored in a—single day—nor a single week. Nature does not work her miracles in that way. The building-up process, has to be somewhat *proportionate in point of time*, to that of the tearing-down process. This is the penalty that every man MUST pay for sexual indulgence to excess. True, it is the one thing he most dislikes, but for thousands of years the effect of sexual abuse and sexual excesses have been noted; for thousands of years men have been striving for a *quick* cure for the evils of their folly, and *never*, in a single instance been successful, when any real disease existed. Thousands have tried that course, thousands are trying it, and thousands more will try it, but they are *working against a law* that is just as immutable as the law of gravity.

By over-work and abuse of his physical economy, a man may reduce his flesh many pounds below his normal weight, and then with just as much propriety, and, indeed, with more probability of success, try to restore his average weight in a

single day, or two, by extravagant over-eating, as to expect to cure *real* sexual impotence, by any *quick* process whatever. Such an attempt completes his 'second mistake.'

It is only the impostor that promises a *quick* cure; but who, even if he had the ability to make a cure, would delay it in every way possible, so long as the patient had a dollar left for him to secure. There are at all times thousands of men who have been so deceived and are so discouraged by these false promises, they have no heart or confidence to try anything further; and strange to say, notwithstanding all the deception and fraud that has been practiced upon them, they are still more apt to run after the delusive promise of a quick cure, than to adopt the only rational, the only course that has ever been successful in producing a cure, by using medicine on the same principle that food is used, letting nature apply it in a gradual building-up of the strength that has been wasted. Slow but—sure—is the better way, because it is the *only way*, to effect a *permanent cure*.

When we speak of cure, we mean—*cure*. It should not be inferred that no *improvement* is possible within a short time, for that is not our meaning, nor is it a fact. With proper—Tonic treatment—and *absolute rest* of the sexual organs, very decided improvement may be realized within a short time.

With improvement comes hopeful encouragement, and the patient receives confidence to persevere on to an absolute cure.

Note the difference between the advice of the mercenary impostor, and that of the honorable physician, who has a much larger experience but who desires to benefit his patients by stating honest facts, even if they are not agreeable ones to the patient, or not likely to gain himself a patron. He does not promise a man that has been for years, perhaps, engaged in breaking down the functional and organic structure of his sexual system, that it can all be repaired and made as good as new, or as good as it would have been had it not been abused, by some nostrum that he has, and in an incredibly short time. No! on the contrary he tells him plainly and honestly, that any treatment whatever will be of no avail, without his (the patient's) assistance and earnest co-operation, and that a continuous persistent effort must be made until a cure is effected, be it a month or a year.

The patient may fear this will be more expensive, but such is not the case. In fact the patient who is promised a quick cure and is then led on and on, as long as his confidence and his pocket can be made to hold out, finds in the end that it has cost him far more, and that he is apparently in no better condition than when he begun treatment.

Read what Dr. Hammond says in regard to treatment:

“The first and most important factor in restoring an exhausted generative apparatus is—REST. And by rest is meant not simply a more moderate degree of indulgence, but absolute cessation from all sexual excitement. Without this rest, it is scarcely worth while for the physician or the patient to expect a cure.”

“The period during which rest, must be enjoined, depends very much on the degree of exhaustion which has been reached. Again, the age of the patient, and the length of time during which the condition has existed, are factors to be considered in determining the question. In persons over forty, and in whom the disease has lasted six months, the time of rest required for restorative purposes is longer than for a younger person.”

“With every *unsuccessful* attempt at intercourse, even though no emission occurs, the nervous excitability is still further lessened, and the *morale* materially lowered. Generally in these extreme cases there is no difficulty in securing the requisite quiescence; the patient is fully aware of his inability, and is in no mood to undertake what he knows will result in failure. It sometimes happens, however, that when intercourse is practically impossible, the patient substitutes masturbation, even though the

erection and the orgasm are very imperfect; this must be positively prohibited, and the requirement of rest strictly enjoined."

"But in these cases in which the emission takes place too soon, and in which the erection, though feeble, is yet sufficient for intromission, more difficulty is experienced in enforcing the prescription of absolute rest. The patient may be profuse in his promises, but unfaithful in keeping them, unless the full consequences of his disobedience are impressed upon him. The physician will, therefore, in such instances be obliged to speak very plainly, and perhaps to present the alternative of perfect obedience or a change of medical adviser. There is nothing to be gained by either the physician or patient, unless the condition in question is complied with. I am thus emphatic on this point, because I have often found great difficulty in causing patients to obey the directions given in regard to it."

Notice particularly the next thing Dr. Hammond says, for it directly and emphatically corroborates the position the author takes—that the starting point of any and all effectual reform or cure of sexual troubles must be the *avoidance of temptation*, that the subject must be as much as possible *entirely banished* from the mind; for a man whose mind continually dwells on sexual subjects, or on his sexual condition, will be injured thereby, even if

it does not tempt him into any sexual indiscretion. He says:

“In connection with this subject, *rest of mind from all lascivious thoughts* is of almost equal importance. True, a man cannot very readily, by simple act of will, prevent such thoughts from obtruding themselves upon him, but there is usually no great difficulty about the matter, if he can be made to keep his mind busy with something else. (‘Substitution’—of something else; that is the great, the most important thing, the *only thing* that will do it.) Those patients whose lives are spent in idleness are always more rebellious in this respect than those who have some occupation, especially if it be one in which mental concentration is required. If the patient’s circumstances admit of it, there is nothing better than travel in unfamiliar countries, where there is much that is new to engage the attention, and is not only of importance in this respect, but many others of such obvious advantage as not to require mention.”

IN THE GENERAL TREATMENT—there are some things that all physicians unanimously agree upon, as being beneficial in sexual weakness. We mention some of them; but first let us repeat a pertinent statement made by Dr. Acton. He says:

“Too many patients are under the impression that all their ailments may be removed by doses of

medicine, and disrelish the notion that it behooves them to exert themselves or to do anything except take the pill or potion, whatever it may be. For such persons medical skill can do nothing; the patient wastes the money and partial effort he expends." No better advice, and nothing more true than this can be said by any physician.

ACTIVE EXERCISE IN THE OPEN AIR—in the form of either work or sport, it is agreed by all, is of the first and utmost importance. It is a very mistaken idea that many patients have, that their sexual organs are the only thing affected in such cases, and that the treatment should be applied to them exclusively. Erections and the general functions of the sexual organs are almost entirely dominated by the brain and spinal cord, and but little or no improvement of the sexual condition may be expected from treatment that is merely local. Air is so free and so common, its importance is lost sight of; but all neurologists agree as to its great value in the treatment of nervous diseases. To get the full benefit of open-air exercise, it should be observed and carried out *regularly*, not by "fits and starts;" neither should the exercise be overdone, and be carried to a degree of great fatigue.

BATHS OF ALL KINDS—are recommended by all practitioners as a hygienic tonic for the nervous and sexual system; their employment is a valuable

part of treatment that should not be neglected. Cold water applied to the genitals is always useful and beneficial in giving them tone, the only objection being that some persons cannot handle their genitals for any purpose without being in more or less danger of abusing them. In such a case it would be far better to omit the bath than to succumb to the temptation.

How to Sleep:—To avoid involuntary nocturnal emissions, and lascivious dreams, it is the advice and experience of every physician, for the patient to sleep on a hard bed (mattress), with as little covering as possible, and *avoid lying on the back* while sleeping. The posture of lying on the back, produces an unnatural degree of erethism in the sexual organs by the congestion it induces in the spinal cord and cerebellum, and leads to automatic action of those organs.

Some persons find it difficult to avoid this posture. A towel tied around the waist with a hard knot in it so placed that it comes in the centre of the back, will generally cause the patient to awaken if he gets on his back, by the discomfort the pressure of the knot will produce. A habit of lying on the side can generally be established if an effort is made. If this does not *prevent emissions*, a *topical sedative* applied to the penis on retiring may be used with *perfect success*.

The Diet:—This must be adapted to the individual case. A person who is thin, pale, anemic (poor blood), weak in body, with feeble erections, scanty semen, and is generally impoverished in body, and impotent sexually from slow imperfect erections, such a person should partake generously of a full rich diet; *animal food forming a large proportion of it.*

On the other hand if the patient is young, stout, plethoric, and troubled with nocturnal emissions from a super-abundance of semen; a small, plain diet, principally made up of *vegetable food*, and no more than just sufficient to satisfy the cravings of hunger, is not only advisable but is a necessity, if he expects to overcome his sexual troubles.

The Bowels and Bladder:—The regular emptying of the bowels and bladder is of the greatest importance to the healthful condition of the sexual functions, as well as to the general health of the patient. A very great deal of the troublesome symptoms, such as night emissions, as well as day pollutions, are the result of the mechanical pressure of a full bladder, or a full colon (lower bowel.) The patient should empty the bladder the last thing before going to bed, and the first thing on awakening in the morning, or during the night if he has the least desire to. He should also keep the fæces —*Soft*—by employing an enema (rectal injection)

of warm water with a fountain syringe, or if more convenient a gentle laxative to move the bowels; harsh physic is not advisable; but no matter what the inconvenience may be, he should *not neglect* to keep the bowels regular in their action, and the fæces soft so as to avoid irritation, and straining at stool, and pressure on the seminal ducts.

AVOID UNNECESSARY HANDLING OF THE GENITALS:—This is of the utmost importance. It is more easily advised, than complied with. Once a patient becomes possessed of the idea that there is something wrong with his sexual system, thereafter he is likely to be continually making examinations of the sexual organs, and forming calculations and theories as to their condition. *Nothing could be worse for him or his organs.* It is the cause of breaking good resolutions to not masturbate, more than any other one thing. Even if he does not touch the organs his thoughts about them while making the examination will irritate and excite them. Then, if such examination results in a theory as to his condition, in nine cases out of ten his conclusions will be *entirely wrong* and misleading, and cause unnecessary trouble and harm.

These useless examinations, and continual needless handling of the sexual organs is one of the most serious draw-backs or hindrances that retard a cure; what is worse, it aggravates the disease.

It sets up and maintains a morbid Erethism and Hyperesthesia sufficient to nourish the disease, and counteract the best of treatment. Especial caution should be given to patients not to make such examinations, nor to handle the genitals for any purpose while in bed. It cannot possibly do any good. IT MOST CERTAINLY WILL DO A GREAT DEAL OF HARM.

Not a few cases of masturbation and involuntary emissions can be traced directly to the irritation of the glans penis from neglect to keep it clean. This more frequently happens when the prepuce is long and narrow and cannot be pushed back so as to uncover the glans without pain. Every boy or man should know that the white or cream colored secretion that forms under the prepuce and is deposited at the back part of the glans, called *Smegma*, is perfectly natural to every healthy man, but that it should be removed to prevent adhesion and morbid irritation. The operation of uncovering the glans is painless and easy when it is *regularly done* as it should be, but when neglected the prepuce has a tendency to shrivel, contract, and stick to the glans. The prepuce should be pushed back every time the male urinates, and not returned until the last drop of urine has passed from the meatus.

“A Dangerous Temptation:—The uncovering of the glans penis should be done boldly,

without hesitation or dallying. Dallying with this simple operation, means dallying with *temptation*; and to the reformed masturbator, or to the masturbator that is trying to reform, all dallying or fussing with the penis, especially about the glans, is a means of temptation and great danger. The act of cleansing the glans can be done without irritation and with perfect safety from temptation, if it is done boldly, rapidly, and without unnecessarily prolonging the operation. It is the slow deliberate meddling with the glans that at first sets up a pleasant tickling sensation, and at the same time breaks down the will-power and the dreaded deed is done. The glans of the masturbator is much more sensitive to this irritation and responds quicker to the temptation, and it is fortunate that *there are remedies which will remove this morbid irritation and inclination to masturbate.*"

CAUTERIZATION—ELECTRICITY,—ETC. Just as at one time within the memory of living men—Bleeding—was the universal remedy employed for nearly all sorts of diseases, and following this the use of—Calomel—was employed quite as extensively as a specific catholicon for every ailment—so, in former days, *cauterization* was about the only remedy known, mentioned, or employed, in the treatment of sexual weakness, Impotence, Sperma-torrhea, etc, Cauterization consists of burning or

searing the urethra and ducts that open into the urethra with solution of Nitrate of Silver (*Lunar Caustic*.) This heroic treatment was administered by a surgeon and was more or less painful; at the present time it has been discarded to nearly the same extent as 'bleeding.' The following remarks are made about it by Dr. Hammond:

"I consider cauterization of the urethra after the manner recommended by Lallemand and followed by some surgeons at the present time, as being a most pernicious practice; a practice that can scarcely fail to do harm, without doing any good commensurate with the pain and danger attendant on its employment. I have cauterized many patients in my time before I knew better, and have caused a great deal of suffering thereby and conferred a very small modicum of good, and I therefore cauterize no more. I have seen violent inflammation of the urethra, stricture, orchitis, epididymitis, and cystitis produced by it. Some of these accidents have occurred in my own practice, and others in the experience of other surgeons. The *proper use* of electricity is far more beneficial than is cauterization in giving tone to the parts and in arresting involuntary discharges."

"European Cauterization,—makes more eunuchs than does oriental polygamy"—says *Martin-Saint-Ange*.

ELECTRICITY—when generated with proper apparatus and applied by an experienced surgeon has proved of great benefit in many cases, but is more or less painful; and physicians of experience have proved that all of the many contrivances such as belts, disks, etc., to be permanently worn are worse than useless. Many of these affairs furnish no electricity at all, while others only pass a current around the body, and still others generate so feeble and irregular a current that it cannot be of the slightest service.

Experience proves that there is no absolute certainty as to the result of the use of electricity. Its value in any given case is always experimental, and can be determined only by trial. As a therapeutical remedy it has no value, except under the diagnosis and administration of a specialist who is well equipped with all the various apparatus for generating the different kinds of electricity, and has large practical experience in applying the right kind to the right spot. All the benefit a patient is likely to receive from its private use is merely psychic. Better and safer results can be obtained by the patient, from the use of a *medicated flexible catheter* (no other kind should be used by inexperienced parties), which not only dilates a stricture, but also carries *direct medication* to the morbidly sensitive urethra and prostate gland, seminal ducts,

etc., the frequent cause of spermatorrhea and emissions, and stops abnormal secretions. It also has the merit and advantage of being less expensive than electricity, and of being perfectly safe for the patient to use privately.

IN THE TREATMENT OF SEXUAL IMPOTENCE, Involuntary Emissions, Weakness, etc., and in the selection of a remedy adapted to the case, the first thing necessary for the physician to determine is, which, of two distinct classes or conditions the patient belongs in. To make our meaning as simple and plain as possible, we define a patient of the first class, as one who suffers from *Hyperemia*, having an *excess* of blood, semen, and animal vigor, and whose troubles are due to the irritation and escape of the surplus; this may be likened to the escape of steam from a steam boiler, when the safety-valve has become a little *too weak* in its resistance and lets the steam escape too easily and too freely.

In such a case it is the evident duty of the engineer to first *draw the fires* so as to prevent the excessive production of steam that *must of necessity* escape by waste. His second duty is to strengthen the safety-valve *and the boiler* so that it will hold the steam without either waste or an explosion. This is precisely what the physician must do, or advise the patient to do—"draw the fires" by avoiding the

exciting causes that inflame the mind and the sexual organs to secrete an excess of semen. This is but applying the advice so many times given in this book, to avoid everything that excites the sexual passions. Then, if the patient cannot control his passion by his will-power, he should use a—*Sedative*—medicine which will diminish his morbid desires and passions. Some sedatives are very powerful and efficient in *preventing a desire for sexual intercourse or masturbation*, and are very useful to employ in connection with—Tonic Treatment.

While the patient is subduing his “fires” of passion by sedatives, he should not neglect the—strengthening—of his sexual organs by taking a *Tonic* medicine. The combination of the Tonic and the Sedative course of treatment is what is required for the great majority of cases.

Another class of patients are those in which the “steam” (vital energy) was at high pressure, but is now exhausted and run down from *lack of sufficient fire*, and from a weakened safety-valve which has permitted the steam (vital energy) to unduly escape and waste. This waste is the result of a combination of—Nervous Shock, Loss of Semen, and Remorseful Anxiety—fully explained in the first part of this book. The erections are feeble or extinct; sexual desires and power are greatly diminished, and impotence is either complete or soon will be.

In all such cases as this—*Rest*—and—*Tonic*—treatment are required.

When, however, Rest and Tonics do not restore virility within a reasonable time, a—*Stimulant*—may be added to the treatment, on the principle that a whip is applied to a lazy horse. A Stimulant in connection with a tonic, is frequently required for men past fifty years of age.

The reader will understand that—*Tonics*—are to the sexual system, what—*Food*—is to the horse; something that builds up strength permanently, and are suitable for men of any age, old or young, and for all kinds and conditions of sexual weakness. That—*Sedatives*—are like the check-rein, that curbs and holds under control the otherwise ungovernable passions and impetuosity of the horse, while, to carry the illustration still further, a—*Stimulant*—as before stated, acts like a whip when applied to a horse that is competent but lazy; a stimulant is exactly opposite in its effect to that of a sedative.

It will be noticed that the—*Tonic*—medicines or treatment, are what is relied upon to restore that which has been wasted, and to build up a permanent cure. While the—*Sedative*—and the—*Stimulant*—are merely accessories and helps, to bring under *immediate* control the pre-disposing and exciting causes peculiar to the case.

If a man can intelligently apply these principles to his condition, it is not difficult for him to select just the treatment that his individual case requires.

To Prevent Night Emissions:—Avoid stimulating the sexual secretions, by avoiding seeing, reading, hearing, or thinking about anything pertaining to sexual matters as much as possible. The diet should be principally vegetable; use meat and alcoholic beverages very sparingly if at all. To avoid involuntarily heating and irritating the genitals while sleeping, be careful to avoid lying on the back, and sleep on a hard bed with as little covering as possible. Do not allow the bowels or bladder to get over-full, the effect of which is to irritate the seminal ducts by pressure. Heating, or pressure on the spinal cord and genitals is a frequent cause of emissions. In addition to these preventive measures, the patient should use a *Strong Sedative* and quiet the irritation of the urethra by an occasional introduction of a *medicated flexible Catheter*.

To Control Desire and Emission:—Men are often subjected to unavoidable circumstances that excite their sexual passion, setting up a teasing desire. With many, this irritating teasing sensation in the genitals is exceedingly difficult to subdue until it is gratified. This temptation is the cause of breaking many good resolutions, and

lapses from virtue; it also prevents many reforms, and discourages patients. The abnormal erethism is also the source of one form of impotence, by causing premature ejaculation of semen on attempting intercourse.

Such teasing desires, also premature ejaculations can be brought under immediate control, and the patient's self-respect preserved, by employing the—*Sedative*—and—*Flexible Catheter*—treatment above mentioned. Of all the different methods employed by physicians to allay irritation, subdue teasing desire, and *prevent masturbation*, this appears to be the safest, surest, and quickest to take effect. In many instances a *Topical Sedative* alone is sufficient to immediately stop the irritation and desire, and the Catheter is not required.

To Cure Spermatorrhea—PROSTATORRHEA AND WEAKNESS:—As stated by several physicians in this book, these are merely different names for practically the *same condition*. A large portion of the book is devoted to the consideration of this condition and its causes, to which the reader is referred. Being alike in nature, the treatment is necessarily practically the same. The first thing necessary is to stop the exciting causes. If this cannot be done by the unassisted will-power of the patient he should use the help of a sedative, but he should not depend upon it as curative. To—

Strengthen—Restore—and—CURE—*Rest*, reasonable time, and a—*Nerve Tonic*—are indispensable. The meaning of the word “Tonic” is a thing or remedy that promotes and produces *Tone*, Vigor—Strength. Its action is slow like nourishing food, and differs from a quick-acting—stimulant—in that the former increases—strength—while the latter acts merely as a spur or whip to temporarily increase—action.

In the treatment of spermatorrhea by a surgeon, the use of cold steel sounds, bulbous bougies, dilators, etc., are frequently of great benefit to dilate strictures and overcome the morbid erethism of the urethra that may exist. But if the patient treats himself privately for spermatorrhea, prostatorrhea and weakness, a flexible catheter is better because it is safer and easier for an inexperienced person to use.

To Cure Impotence—It must be remembered that impotence is merely a name indicating a functional disability to perform the sexual act. The various forms of this disability have been described exhaustively under its proper title elsewhere in this book, and what is there said should all be taken into consideration in the treatment. It must also be remembered that when the direct causes are removed or cured, that the impotence will disappear. As before stated, the most usual

forms of impotence are one or more of three conditions—namely: Absence of erection,—Inability to maintain an erection long enough to complete the act—or, premature ejaculation of the semen followed by immediate collapse of the erection, with but little or no pleasure to either of the participants.

In the treatment of impotence the first and most important thing to be observed is—REST. Rest for the mind, and rest for the sexual organs from all sexual excitement. Without sufficient rest, all other treatment will be futile and in vain. If the patient cannot control his sexual passions by his will-power (which is most desirable) then let him use a—sedative—for sexual rest he *must have* in order to give the—*Tonic treatment*—a chance to take hold and overcome the abnormal conditions which excesses and abuses have produced.

Having brought the mind and passions into a state of subjection, the physician and patient must then rely upon a course of—*Tonic treatment*, to restore the lost powers and virility. This method as a rule is neither tedious nor expensive, providing it is entered into systematically, and with a fixed determination to persevere until a cure is effected. In the treatment of impotence it should be constantly borne in mind that there must be co-operation between the mind and the medicine employed.

Mind alone will not cure—Medicine alone will not cure. This is the primary reason why, many physicians are unsuccessful; they fail to impress this important fact on their patient's mind. We do not believe there is a single case or instance of functional impotence that cannot be cured, if the proper treatment is employed and persisted in.

Besides the three conditions of impotence mentioned, there is also the *natural impotence* that comes with *age*. This form of impotence can scarcely be called a disease, especially when the man has never been excessive in the indulgence of venery. This condition is (as we have already stated), best met by acquiescence and self-control, by *Moderation*. If the decline is abnormally premature, or unusually profound, it is well to take a *sexual tonic*; and in cases where there is no organic disease of the sexual system, and the impotence is merely a sort of functional weariness, or laziness, or indifference, then a SEXUAL STIMULANT is quite appropriate and permissible: This is the only form of impotence in which a—*Sexual Stimulant*—is advisable. Men having self-control and good discretion, who are in this last mentioned condition may take a sexual stimulant in connection with a sexual tonic, to increase and arouse their virility. But under no other circumstances or condition is it advisable.

We are aware that the advice just given is not

the method pursued by all practitioners, for some cannot apparently resist the temptation to administer a stimulant which may give temporary vigor, and excite false hopes in the patient's mind, but which in the end leaves them in a worse condition than in the beginning of the treatment. No honorable physician for the sake of a few paltry dollars will pursue such a course; and if the patient suggests it or insists upon it, he will be informed candidly and honestly what the consequences will be, giving him his choice, to submit to the only treatment that will produce permanent benefit, or to abandon himself and the most important interest that he has in life, into the hands of those who are less conscientious, and who will promise or do anything, for their own convenience and for money.

TWENTY-SECOND DIVISION.

LIST OF DRUGS AND AGENTS THAT ACT UPON THE SEXUAL ORGANS.

AT one time or another, nearly every drug and medicinal agent that is mentioned in the Pharmacopia, has had claims made for it of some special effect or influence on the sexual system. Many of these claims on thorough investigation and test, have proven to be merely psychic with the patient, or physician, or both; they having no therapeutic action or value whatever. The following list comprises the agents whose action can be relied upon for that purpose:

<i>Cimicifuga racemosa.</i>	<i>Aristolochia reticulata.</i>
<i>Gelsemium sempervirens.</i>	<i>Strychnos Nux-vomica.</i>
<i>Cannabis sativa.</i>	<i>Tinctura-Lupilini.</i>
<i>Digitalis purpurea.</i>	<i>Claviceps purpurea.</i>
<i>Hypophosphorosum acidi dilut.</i>	<i>Turnera aphrodisiaca.</i>
<i>Sanguinaria canadensis.</i>	<i>Daturine.</i>
<i>Cantharis vesicatoria.</i>	<i>Potassii Bromidii.</i>
<i>Camphora Monobromata.</i>	<i>Sodii Bromidium.</i>
<i>Potassii Iodidum.</i>	<i>Auri Chloridum.</i>
<i>Potassium Nitras.</i>	<i>Erythroxyton.</i>
<i>Atropa Belladonna.</i>	<i>Zinci Phosphidum.</i>
<i>Mistura Ferri Aromatica.</i>	<i>Moschus.</i>
<i>Hypophosphitum Cum Ferro.</i>	<i>Conium maculatum.</i>
<i>Oleum Cubebæ.</i>	<i>Santalum album Oleum.</i>

Phosphorus.	Damiana.
Theobromine.	Erythrophloeum.
Kava-Kava.	Sandalwood.
Taraxacum.	Strychnine.
Mistura Copaiba Composita.	Guaiacum officinales.
Cantharides.	Barosma crenulata.
Uva Ursi.	Dulcamara.
Oleum Sabinæ.	Copaiba.
Buchu.	Ruta graveola Oleum.
Brucine.	Ignatia Amara.
Indian Hemp.	Hyosciamine.
Caffeine Citras.	Trichloraldehyde.
Zinci Valerianate.	Vegetable Diet.
Ferrum Arsenatis.	Meat Diet.
Stigmata Maidis.	Jaborandi.
Electricity.	Hypophosphites.

TWENTY-THIRD DIVISION.

PRESCRIPTIONS FOR SEXUAL WEAKNESS, IMPOTENCE, SPERMATORRHEA, ETC.

THESE prescriptions should be taken only *Sumendus ut dictum* (under the direction of a physician), otherwise serious errors and harm might result.

R. Syrup Ferri. Phos.... \mathfrak{z} i
 Acid Phosph dilut.... \mathfrak{z} iss
 Mist. Acaciæ..... \mathfrak{z} iiij
 Tinct. Aurant..... \mathfrak{z} ss
 Aquæ Anethi ad..... \mathfrak{z} viiij
 Sig. *Sumendus ut dictum.*

R. Tinct. Valeri. Ammon. \mathfrak{z} j
 Etheris Chlorici..... \mathfrak{z} j
 Tinct. Aurantii..... \mathfrak{z} ss
 Aquæ ad..... \mathfrak{z} viiij
 Sig. *Sumendus ut dictum.*

R. Ext. Can. Indicæ....gr. x
 Ext. Ergotæ.....gr. xi
 Ext. Nucis. Vom. . .gr. x
 Ft. pil. no. xx.
 Sig. *Sumendus ut dictum.*

R. Ferri et Quinæ Citras. \mathfrak{D} ij
 Liq. Strychniæm. xl
 Syrupi..... \mathfrak{z} iv
 Aq. Chloroformi ad.. \mathfrak{z} iv
 Sig. *Sumendus ut dictum.*

R. Sanguinariæ.....gr. ij
 Ext. Ergotæ.....gr. xx
 M. Ft. pil. no. xx.
 Sig. *Sumendus ut dictum.*

R. Potassi. Brom..... \mathfrak{z} j
 Sodi. Bicarb.....gr. xv
 Infusi. Digital..... \mathfrak{z} ss
 Atropinæ Sulphat....gr. $\frac{1}{10}$
 M. Sig. *Sumendus ut dictum.*

R. Tinct. Gelsemii..... $\bar{3}$ j
 Atrop. Bella..... $\bar{3}$ ij
 Aromat. Sprt..... $\bar{3}$ ij
 M. Sig. *Sumendus ut dictum.*

R. Phosphori.....gr. ss
 Ext. Nucis, Vom.....gr. vj
 Mas. Ferri. Carbonat.gr. xi
 Ext. Gentianæ.....gr. xxx
 M. Ft. pil. no. xxv.
 Sig. *Sumendus ut dictum.*

R. Tinct. Lupuli..... $\bar{3}$ vij
 Syrupi. Aurantii.... $\bar{3}$ iv
 Aquæ ad $\bar{3}$ vij
 M. Sig. *Sumendus ut dictum.*

R. Quinæ Sulph.....gr. xxx
 Strych. Sulph.....gr. ss
 Ext. Ergotægr. xv
 Mas. Ferri. Carb.....gr. xiv
 M. pil. no. xxx.
 Sig. *Sumendus ut dictum.*

R. Tinct. Sanguinariæ.. $\bar{3}$ ij
 Ext Stillingiæ Fl.... $\bar{3}$ v
 M. Sig. *Sumendus ut dictum.*

R. Ext. Belladon.....gr. v
 Ext. Cimicifu.....gr. xxx
 Ext. Cannabisgr. viij
 Ft. pil. no. xx.
 Sig. *Sumendus ut dictum.*

R. Ext. Dami.....gr. xxv
 Ext. Nuc. Vom.....gr. v
 Phosphorigr. ss
 Tinct. Cantharis....m. xxv
 M. Ft. pil. no. xx.
 Sig. *Sumendus ut dictum.*

R. Lupulini.....gr. x
 Pulv. Camphoræ.....gr. vj
 Ext. Belladon.....gr. ij
 M. Ft. pil. no. xij.
 Sig. *Sumendus ut dictum.*

R. Ac. Phosphorici Dil.. $\bar{3}$ j
 Elixir Calisayæ..... $\bar{3}$ vj
 Elix. Ammo. Valeri.. $\bar{3}$ ij
 Glycerini..... $\bar{3}$ iiij
 Vini Xerici....q. s. *ad* Oj
 Sig. *Sumendus ut dictum.*

R. Tinct. Ferri. Chlorid. $\bar{3}$ v
 Quinæ Sulphat..... $\bar{3}$ j
 Ac. Phosphor. Dil.... $\bar{3}$ ij
 Strychniæ Sulphatis.gr. j
 Syrupi Limonis..... $\bar{3}$ ji
 Sig. *Sumendus ut dictum.*

GLOSSARY.

- ABDOMEN**—The belly.
- ABNORMAL**—Irregular, unusual, not ordinary.
- ANÆSTHETIC**—A substance that produces insensibility.
- ANUS**—Rectum, end of lower bowel.
- ATROPHY**—Wasted, shrunken, unusually small.
- BOUGIE**—Instrument for dilatation of the urethra.
- CALCULI**—**CALCULUS**—Stone-like substance, formed in the body.
- CASTRATION**—Removal of the testicles or ovaries.
- CATHETER**—Hollow tube for the urethra and bladder.
- CAUTERIZATION**—Chemical searing, burning.—See page 400.
- CERVIX**—Neck of the womb.
- CIRCUMCISION**—Removal of the prepuce.—See page 46.
- CLITORIS**—Female genital organ.—See page 123.
- COLON**—The large lower bowel.
- CONTINENCE**—See page 18.
- CONJUGAL**—Suitably united in love, marriage, or feelings.
- COPULATION**—**COITUS**—Sexual intercourse.—See page 144.
- COWPER'S GLAND**—See page 51.
- DEFECATION**—Discharge of fæces, emptying the bowels.
- DIAGNOSIS**—Conclusion as to what the condition or disease is.
- DIURNAL**—Occurring in the day-time.
- DUCT**—A body-tube containing the secretions.
- EJACULATION**—Forcible, spurting, emission of semen.—Page 43.
- EPIDIDYMISS**—Genital organ.—See page 42.
- EPIDIDYMITIS**—Inflammation of the epididymis.
- ERECTION**—Temporary enlarging of the penis.
- ERETHISM**—Excessive nervous irritability.
- FÆCES**—Excrement; dung, discharge of the bowels.
- FALLOPIAN TUBES**—Conduits for the ovule, from ovaries to womb.
- FECUNDATION**—Impregnation, uniting of the sexual germs.
- FLACCID**—Limp, soft, shrunken, flabby, relaxed.

- FORNICATION—Sexual intercourse without marriage.
- FUNCTION-AL—Action. That which an organ does.
- GENITAL—GENITALIA—The Sexual, or reproductive organs.
- GLANS PENIS—The bulbous end of the penis.—See page 46.
- GONORRHEA—GLEET—CLAP—Contagious disease of the genitals.
- HEMORRHOIDS—PILES—Small tumors at the anus.
- HERNIA—Rupture.
- HYMEN—Vaginal membrane, prominent in virgins.
- HYGIENE—HYGIENIC—Science of health.
- HYPERESTHESIA—Excessive nervous sensibility.
- HYPOCHONDRIACAL—Imaginary morbid anxiety about health.
- HYPOSPADIAS—Unnatural orifice of the penis.
- IMPOTENCE—Inability to perform the sexual act.
- IMPREGNATION—Uniting of the male and female life-germs.
- INFECUNDITY—Absence of the generative life-germs.
- INTROMISSION—Penetration, entering into.
- LASCIVIOUS—Obscene, lewd, sexual depravity, lustful.
- LESIONS—Tissue-changes of an organ, imperfections.
- LIAISONS—Illicit intimacy between a man and woman.
- LICENTIOUS—Lustful, given to sexual excesses.
- MASTURBATION—Self-abuse—of the genital organs.
- MEATUS—Orifice of the urethra at the end of the penis.
- MENSES—MENSTRUATION—Monthly blood-flow of women.
- MICTURITION—Urination, emptying the bladder.
- NEURASTHENIA—Exhaustion of nerve energy.
- NOCTURNAL—In the night-time.
- NORMAL—The usual or ordinary, regular.
- NYMPHOMANIA—Inordinate insane sexual desire of women.
- ONANISM—Masturbation, self-abuse.
- ORGANIC—Pertaining to, or of the organs.
- ORGASM—Climax of sexual pleasure and ejaculation.
- OS—OS UTERI—Mouth of the womb.
- OVARIE—Female organs that secrete the ovules.
- OVARITIS—Inflammation of the ovaries.
- OVULE—OVULUM—The female seed or life-germ.
- PATHOLOGY—PATHOLOGICAL—Science of disease.
- PERINEUM—Space between the genitals and anus.

- PERISTALTIC—Forward, worm-like movement.
PLEUX—(Typographical error, for plexus) see plexus.
PLEXUS—A net-work of nerves or veins, group.
PRIAPISM—Involuntary persistent erection of the penis.
PROTOPLASM—Origin; germinal cell or matter.
PROGNOSIS—Opinion as to probability of improvement or cure.
PROSTATE—See page 51.
PSYCHIC—PSYCHICAL—Influence or effect of the mind.
PUBERTY—See page 13.
SATYRIASIS—Inordinate, insane sexual desire of men.
SEDATIVES—That which quiets action or irritation.
SECRETE—SECRETION—Fluid matter formed by a gland.
SEMEN—SEMINAL—Generative fluid of the male.
SMEGMA—Cream-like secretion between the prepuce and glans.
SPECULUM—Instrument for exploring the vagina and womb.
SPERMATO-ZOA, -ZOON-ZOID—The life-germs of semen.
SPERM—SPERMATIC—Pertaining to the semen.
SPERMATORRHEA—Waste of semen.—See Index.
STIMULANTS—That which excites or increases action.
SUMENDUS UT DICTUM—To be taken as directed.
SYPHILIS—POX—An eruptive, contagious, sexual disease.
TESTICULAR SECRETION—Semen.
THERAPEUT-ICS, -ICAL—Pertaining to use or application of remedies.
TONICS—Remedies that restore, build up, strengthen.
TRABECULÆ—Fibrous cords of connecting tissue.
URETHRA—The urinary and seminal canal.—See page 47.
URETHRITIS—Inflammation of the urethra.
UTERUS—UTERINE—Pertaining to the womb.
VAS DEFERENS—See page 42.
VAGINA—Female genital canal from vulva to womb.
VENERY—VENEREAL—Pertaining to sexual intercourse.
VESICULA SEMINALES—See page 43.
VERTIGO—Dizziness.
VIRILE—VIRILITY—Strength, vigor, perfect ability.
VOLUPTUOUS—Seductive, sensual or sexual attractions.
VULVA—External entrance to the vagina.

GENERAL INDEX.

ANATOMY:—	PAGE.
Description of the male genital organs.....	40
Of the testicles.....	40-43
Of the scrotum.....	41
Of the epididymis.....	42
Of the vas deferens.....	42
Of the ejaculatory ducts.....	43
Of the vesicula seminales.....	43
Of the penis.....	44
Of the corpora cavernosa.....	45
Of the corpus spongiosum.....	46
Of the glans penis.....	46-60
Of the prepuce.....	11-46
Of the meatus.....	47
Of the urethra.....	47
Of the prostate gland.....	51
Of the Cowper's gland.....	51
ATROPHY:—	
Of the male sexual (genital) organs.....	39-260-324
Caused by excesses and abuse.....	39-176-286
The cause of much worry.....	313-324
Will chastity cause atrophy?.....	39
ADVICE:—	
To those who have taken the wrong road.....	17
From Young Men's Christian Associations.....	30-186
To parents and teachers.....	188-197-209
To the newly married.....	164-182
How to resist temptation.....	28-407
How to advise a boy.....	210-218
To physicians.....	85-339
To elderly men.....	341
To wives.....	114
To fathers.....	217
About the genitals.....	182-324-398
About sleep.....	290-396
About marriage.....	361
Special.....	76-137

AGE:—	PAGE.
How age affects the sexual system	254-256-341
The age of childhood.....	9-245
The age of puberty.....	13
The age of virility.....	57-251-345
The age of sexual decline	257
When age causes impotence.....	254
Incompatible age of the married.....	341
APOPLEXY:—	
Caused by sexual excesses.....	94
BATHS:—	
As a tonic for sexual weakness.....	323-395
BUSINESS:—	
Business wrecks vs. sexual wrecks.....	232
Sexual excesses and business failures.....	185-245
Effect of business on sexual appetite.	107-109
"Burning the candle at both ends".....	234
Hustle, snap and energy gone.....	233
Business men's intriguing paramours.....	233
Business men's sexual liaisons to banish trouble.....	234
Business men's final defeat	233
Pre-occupation prevents marital privileges.....	105
The pace that kills.....	234
A fearful temptation.....	235
CAUTERIZATION:—	
Of the urethra.....	322-400
Is cauterization a benefit or an injury?.....	401
CHILDHOOD:—	
The sexual condition of	9-245
Exciting causes of sexual instinct in.....	11-193
Parents' and guardians' duty to.....	188-209
Dangerous temptations to.....	205
CIRCUMCISION:—	
Effect of circumcision.....	154-325
CHOREA:—	
Caused by sexual vice.....	94-205
CONFIDENCE:—	
Essential to coitus.....	107-160
Essential to cure.....	410
CONTINENCE:—	
Definition and meaning of.....	18
A cause of temporary distress.....	25
Difficulty of maintaining.....	24-305
Advantages and blessings of	22-246
Is continence advisable for elderly men?.....	258-344

GENERAL INDEX.

421

COURTSHIP:—

PAGE

Courtship, marriage and paternity.....	329
Effect of courtship on the sexual system.....	321-334
Effect of long engagements	335
"Engaged," but afraid to marry.....	321
"Going over fool's hill,"	334

DESIRE:—

Sexual desire extinguished by business.....	109
Sexual desire extinguished by masturbation.....	104-110
Sexual desire, age when it diminishes.....	258
Sexual desire, virtuous women stimulate it most.....	112
Sexual desire, temporary absence of.....	100
Sexual desire, prematurely worn out.....	141
Sexual desire, how to increase.....	29-108-134
Sexual desire, how to control.....	29-406
Sexual desire, absence of in females..	113
Which sex has most desire.....	116
Married men who lack desire.....	99-101
Bashful men who lack desire.....	100
What modest women desire.....	117

DISEASES:—

Twenty-eight diseases of the brain and nervous system caused by sexual vice and excesses.....	376
--	-----

DIET:—

Effect of diet on the sexual system.....	91-153-397
Effect of diet in treatment.....	246-323

DIVORCE:—

Sexual grounds for obtaining.....	101-347
Medical examination for obtaining	347
Impotence as grounds for.....	347
Marital incompatibility grounds for.....	115-347
Divorce or death the only relief.....	136

ELECTRICITY:—

As a therapeutical remedy.....	402
--------------------------------	-----

EJACULATION:—

The organic action of ejaculation.....	55
Is it dangerous to prevent ejaculation?.....	293
How may be postponed... ..	134
How to control.....	134-406

EMISSIONS:—

Organic cause and action of emission.....	54-290
Caused by lascivious dreams.....	199-290
Premature emission preventing intercourse.....	253
Involuntary day emissions.....	178-295-320
Involuntary night emissions.....	22-281-301

EMISSIONS—*Continued* :—

PAGE

Involuntary night emissions, how to prevent.....	397-406
Involuntary emissions, become a habit.....	295
Involuntary emissions, causes of.....	178-282-287-297-335
Emissions an over-flow of semen.....	39-281-289
Emissions of Cowper's gland....	55
Is it dangerous to prevent emissions?.....	293
Debilitating effect of emission.....	247-295
Mistakes about emission.....	277-288

ERECTION :—

Complete erection necessary to health and happiness....	158
Complete erection necessary for female's pleasure.....	61
The organic mechanism of erection.....	52
Erection not lasting long enough.....	159-180-164
Loss of the power of erection.....	158-206
Imperfect erection a cause of impotence.....	173-253
Age the power of erection begins and departs.....	10-57
Why erection collapses.....	60-164-181
Causes which induce erection.....	56-61
Caused by horse-back riding.....	297
Causes that hinder erection.....	111-166
Effect of castration.....	362
Mechanical stimulation of erection.....	326
How to increase erection and rigidity.....	54

EPILEPSY :—

The result of sexual vice and excess.....	92
---	----

EXCESSES :—

Sexual excesses affect every interest of life.....	183
Destructive to health, happiness and business.....	185
Sexual excesses combined with business excesses....	232
What indulgence constitutes sexual excess?.....	236-249
Are marital excesses harmful?.....	239-301
Effect of marital excesses.....	143
Effect on youths and elderly men.....	265
Effect on the sexual organs....	36-153
Effect on the brain.....	185-246
Effect on women.....	143
Effect on the intellect.....	224-245
Causes sickly, weak offspring.....	245
Causes premature decline.....	248-265
Causes atrophy, spermatorrhea and impotence.....	174-299-242
Causes diminution and extinction of pleasure.....	143-146
Causes insanity.....	252-378
Causes sudden death.....	157-268
Causes suicide.....	315-379

EXCESSES—*Continued*:—

PAGE

Causes loss of memory	176-197-300
Causes apoplexy, epilepsy and neuralgia	92-94-269
Causes "always ailing but never sick,"	297
Sexual excesses of libertines and debauchees	266
Cut short the years of virility	94-248
Injure brain-workers most	185
Excessive Mast. or Ex. Int., which is most injurious? ..	225
Defeats men's loftiest ambitions	233
The natural safe-guard against sexual excesses	146
Do warnings prevent excess?	189

FEAR, ANXIETY, WORRY:—

Their effect on the nervous system	230
How they exhaust vital energy	81
Impotence caused by timidity and fear	160-171
Fear and alarm that is needless	275-304
Fears that prevent marriage	315-324-331
Hypochondriacal fear	86-202-299-305-316

GENITALS:—

Description of the male genitals (sexual) organs	40
The athletic's ideal genitals	324
The normal size of the	40-45-88-324
Worry about size of the	156-312-315-324
Atrophy of the genitals	39-176-313
Does marriage increase the size?	314-325
Apparatus for enlarging the male genitals	325
Effect of too small or too large	313-324
Functional use of the	52
Possibility of a new development	37-326
Amount of abuse the genitals will stand	38-344
Atrophy the genitals caused by abuse	39
Atrophy the genitals from age	260
Will chastity cause atrophy?	39
Effect of mutilation of the	156
How to stimulate the	410
How to manage the	182-363-398
Functional troubles (see erection).	

GONORRHEA:—

A cause of impotence	173
----------------------------	-----

HABITS:—

How habits are formed	16-193-305
Venereal habit acquired same as other neuro habits	34
Involuntary emissions become a habit	295
Impotence formulates a habit	161-302
Sexual appetite increased by habit	138-305

HYDROCELE:—	PAGE
Description and treatment of.....	328
IMPOTENCE:—	
From absence of erection.....	99-159
From imperfect erection.....	96-173
From collapse of erection.....	159-180
From absence of desire.....	99
From ungratified desire.....	177
From premature emission.....	97-136-182
From psychic effect of the mind.....	122-161-264-332
From lack of reciprocity by the woman.....	113-122
From fear of failure.....	160-320-332
From spermatorrhea and prostaticorrhea.....	182
From masturbation.....	173-200-229
From excessive intercourse.....	153-174-249-255
From organic causes.....	156-326
From functional causes.....	159
From gonorrheal inflammation.....	173
From hernia and trusses.....	103
From alcoholic stimulants.....	102
From too large or too small genitals.....	132-313-324
From lack of vital energy.....	230-159
From age.....	410
From atonic sexual condition.....	172
Impotence the cause of personal humiliation.....	95-98-159-252
Impotence the cause of family extinction.....	305
Impotence the cause of family trouble.....	114-322
Impotence the cause of divorce.....	347
Impotence the cause of suicide.....	202-315
Impotence the cause of many crimes.....	115
Pre-marital tests of sexual ability.....	162-331
Difference between impotence and sterility.....	95-349
Impotence of women.....	136-353
Impotence grounds for suspicion.....	338
Impotence that is imaginary.....	161-309
Partial impotence.....	249-253
Why civilization causes impotence.....	251
Treatment and remedies.....	142-163-168-179-403-408-414
Typical cases.....	166
IMPOSTORS:—	
Medical impostors.....	83-253
Methods of deception.....	70-84-278
Promise quick cures.....	77-84
Do untold harm.....	84
Lie and exaggerate to alarm.....	200-309

INCONTINENCE:—

PAGE

A plea in defence of Incontinence	31-38
May relieve but not benefit....	33
A perilous view of incontinence.....	32
Effect of occasional incontinence.....	33

INSANITY:—

Caused by masturbation.....	204-378
Before and after entering the asylum.....	381
Religious insanity from sexual sin.....	380-384
Description of sexual insanity.....	318
First step toward insanity.....	380
"If the secret causes were known,"	379
Must be removed from home.....	382
The State's interest in sexual insanity.....	186-379

INTERCOURSE:—

Sexual intercourse and sexual pleasure.....	144
Organic and functional action of.....	145
Obstructions that prevent.....	127-156-324
Is intercourse advisable for unmarried men?.....	246
Is intercourse a necessity to health?.....	26-30
Is intercourse permissible as a luxury?.....	21
Why some can indulge more than others	247
Why more harmful at one time than another.....	76
The proper posture for.....	182
Information about.....	145-181-363
How often can be indulged without harm.....	237-249
When attempts are failures.....	159-172-255-331
Inability to perform.....	158-180
Effect of too much haste.....	166-181-332
Confidence essential to.....	107-161-332
What married people think.....	240
A woman's privilege of option.....	120
Wives who submit without desire.....	115-136
Painful and revolting to some women.....	128
Women who refuse.....	114
Excessive intercourse of women.....	143
Experimental intercourse.....	162-169-331
Is excessive intercourse as harmful as Mastur. .	225-228-239
Immediate after-effect of.....	156

MARRIAGE:—

"The question of,"	339
"Am I in a physical condition to marry,"	336
Why men avoid marriage.....	330
The secret doubt	162-330
When marriage is cowardice.....	351

MARRIAGE—*Continued* :—

PAGE

Prevented by sexual weakness.....	321
Prevented by sexual fears.....	321-331
Marrying but to repent.....	332-337
"Be sure you're able, then go ahead,".....	333
"Doctor, tell me the worst,".....	337
Responsibility of physician's advice.....	333-338
Physicians should protect innocent women.....	338
Without sexual desire.....	
Better than fornication.....	336
Effect of sexual incompatibility of the married.....	115-342
Should old men marry?.....	341
"What shall I do with him,".....	347
Equality of age sexually important.....	346
Permissible difference in age.....	343
Marital violation of two laws.....	347

MASTURBATION:—

A question for moral philosophers.....	183-192
Effect of mast. compared with intercourse.....	104-225-228-255
Effect of masturbation before puberty.....	12-35-93
Effect of masturbation on virility.....	36
Effect of excessive indulgence.....	142-193-223
Appearance of a masturbator.....	175-194-198-286-381
Difficulty of abandoning the habit.....	140-201-213
Religion and secret sin.....	384
Effect on women.....	89-93-139
"Not the act that degrades,".....	204
Deportment of boys who masturbate.....	194-381
Mast. a cause of weakness and impotence.....	175-229
Mast. a cause of insanity and brain diseases.....	185-202-378
Mast. a cause of spermatorrhea and pollutions.....	274-283
Mast. a cause of loss of memory.....	176-197-286
Mast. a cause of sexual atrophy.....	176-321
Mast. a cause of unnatural crimes.....	385
Prevention better than cure.....	206
Typical cases.....	175-286-320-381
Treatment and remedies.....	195-214-224

MEN:—

Absence of sexual desire in men.....	101
Prematurely worn-out, sexually.....	265
Effect of sexual excesses on business men.....	232
Why men are bashful.....	100-198
Old men sexually young.....	341
Limit of sexual power in elderly men.....	260-345
Should old men marry.....	341

MEN—*Continued* :—

	PAGE
Old men with young wives.....	342
Virility of elderly men.....	259-343
Is sexual indulgence injurious to elderly men?.....	260
The age of sexual decline.....	256-345
Advice to elderly men.....	262-342
Shameless men.....	267
Selfish men and submissive wives.....	117-135
When men are cowards.....	351

MISTAKES:—

Two great mistakes.....	386
Mistakes about semen.....	70-80-174-277-291-310
Mistakes about the testicles.....	308-317-322
Mistakes about the urine.....	307-311
Mistakes about spermatorrhea.....	298-302
Mistakes about Bright's disease.....	312
Mistakes about size of the sexual organs.....	312
Mistakes about marital requirements.....	117
Mistakes about appearance of masturbators.....	194
Mistakes that cause needless trouble.....	307-398

PARENTS' DUTY:—

The question of questions for parents.....	207
Is my child a victim of secret sin?.....	212
Ignorant, but not innocent.....	215
Parents more responsible than child.....	218
"Ruin his body,—ruin his soul,".....	210
Warning is kinder than silence.....	206
Warning unpleasant but necessary.....	209
Neglect ruins noble boys.....	206-289
Boy's secrecy and parents' mystery.....	192-212-381
"I would rather die than tell,".....	202
"Our growing boys,".....	216
Through folly to disgrace.....	218
A physician's advice to fathers.....	220
What to do when the boy denies it.....	219
What to assume about boys.....	222
Boys who avoid the other sex.....	194-381
Boys who appear quiet and studious.....	381
Boys who appear strictly moral.....	380
"Over-study" or masturbation—which?.....	300-382
Beware of nurses.....	193-205
Beware of solitary retiring.....	194-223
Prevention better than cure.....	206
What the father should say to the boy.....	209

PLEASURE:—

PAGE

Causes that diminish sexual.....	143-151-182
Organic source of sexual.....	55-123-145-147-155
Persons who experience no.....	135-148
Full erection necessary to.....	61-158
Repetition diminishes.....	140-146-153
Causes that destroy.....	128-149-153-253
Effect of circumcision.....	154-325
Worn out by excesses.....	141-199
Love or passion, which stimulates most?.....	117-135-150
Risks taken to gratify.....	146-221
Duration of.....	146
How pleasure may be prolonged.....	134
Influence of eagerness.....	150
How haste defeats pleasure.....	136
How to restore pleasure.....	410
The age of decline.....	262
Not confined to genitals.....	150
Which sex experiences the more?.....	137

PROSTATORRHEA:—

Pathological description of prostaticorrhea.....	174-274
Why mistaken for spermatorrhea.....	288
Effect on the sexual system.....	288
Treatment and remedies.....	407

PUBERTY:—

Organic changes that occur at puberty.....	13-289
Sexual passion awakened at puberty.....	38
A period of special danger.....	17-35-197-206

SEMEN:—

The male germ of life.....	63-72
Color, appearance and odor of.....	68
The organic source of.....	43
Composition of.....	63-68-72
The value of semen compared.....	72-92
Spermatozoa the life-germ of semen.....	64-69
Is unspent semen re-absorbed?.....	70-90
How semen affects vital energy.....	70-245
Quantity of semen discharged at one time.....	69
Loss of semen not the sole cause of weakness.....	79-82-89-230
Procreation depends on healthy semen.....	245-361
Infecund semen a cause of sterility.....	65-361
The slow formation of.....	39-66-92
Escape of semen with the urine.....	291
When semen is not formed.....	67-261
Mistakes about semen.....	70-199-277-291

SEMEN—*Continued*.—

PAGE

Exaggerated value of	92-276
Alarming falsehoods about semen	84-275
Semen a mixture of several secretions	68
Effect of semen on the nerves	77-80
Age during which semen is formed	39-90-261

SPERMATORRHEA:—

Description of true spermatorrhea	275-283
False ideas about spermatorrhea	279-298
As a cause of impotence	182-240
As a cause of atrophy	284
As a cause of genital weakness	407
As a cause of melancholia and insanity	94-378
Effect on vital energy	80
Caused by masturbation	299
Caused by excessive intercourse	299-301
Treatment and remedies	407-414
Typical cases	285-300

STERILITY:—

The modern view of sterility	375
Sterility of men and women	349
An unjust reproach to women	350
A source of grief and sorrow	350
Men as often sterile as women	351
Men's cowardice about sterility	351
Which sex is most responsible ?	352
Why the newly-married are sterile	247
The silly individual who taunts	352
Personal responsibility before marriage	352
When reproach is but justice	353
When men are most guilty	353
Opportunity of modest women to discover	353
The most common cause of sterility in women	354-363
A childless home	356
Difference between sterility and impotence	95-349
The prevention of conception	358
"No place for repentance."	358
Special causes of sterility in women	358-363
Special causes of sterility in men	65-96-247-361
From tumors	365
From disease of the ovaries	366
From troubles of menstruation	368
From tuberculosis	369
From epilepsy and insanity	370
From syphilis	370

STERILITY—Continued:—		PAGE
From sexual excesses.....	247-371	
From marriage between relatives.....	372	
Influences that promote conception	372	
Method of artificial impregnation.....	374	
TEMPTATION:—		
The beginning of all sexual trouble.....	17-190-266	
Necessity of avoiding.....	15-289-294	
Effect of obscene books, pictures, stories, etc. .	209-251-270	
Banishment of temptation indispensable to continence. .	27	
Difficulty of resisting temptation....	289-305	
Must not be dallied with.....	180-191	
Permitting temptation is what degrades.....	204	
The fatal excuse	191	
Gratifying temptation.....	204-283-400	
A dangerous temptation...	399	
"How can I banish temptation?".....	191	
A sure means of banishing.....	28-407	
A teasing cause of temptation.....	33-235-407	
VAGINISMUS:—		
A cause of impotence in women.....	128	
VARICOCELE:—		
Description and treatment of.....	327	
VIRILITY:—		
More important than honors, fortune or friends.....	98	
Age of virility.....	345	
VITAL ENERGY:—		
Its relation to life.....	73-202	
Causes that exhaust and waste.....	75-182-234-306	
Why exhaustion is unnoticed.....	75	
Influence of semen on.....	70-80	
WOMEN:—		
Maternal desire stronger than sexual desire.....	117-133	
Absence of sexual desire in women.....	113-137	
Have troubles enough of their own.....	90	
Secret sexual sins of women.....	89-138	
A defense of women's sexual rights.....	120	
Sexual effect of education and refinement....	122	
A modest woman's desires.....	117	
"Wife,—not mistress,"	118	
Men's brutal disregard of women's feelings.....	122-129	
Death or divorce the only relief.....	136	
Virtuous women stimulate men most.....	112	
Effect of excessive intercourse on women.....	143	

WOMEN—*Continued*.—

	PAGE
Causes that make intercourse painful to women.....	128
Women who refuse intercourse to prevent maternity ...	120
Impotence of.....	136-353
Women should be protected by physicians.....	112-333-339
Effect of a wife's sexual indifference....	115
Hints to wives....	114
Women who cause impotence in men	123
Excessive desire of women for intercourse ...	116-141-227
Passiveness of women causes impotence of men.....	113
Organic source of pleasure.....	123
Art of retaining men's love.....	114
Who merchandise themselves.....	116-136
A woman's contention for option.....	120
Causes of sterility of women.....	358
Causes of sexual indifference of women.....	138





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